FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 24, 2003 8:00 am
Secretary of State
02-10-2003 90435 002 ***158.75

DOCUMENT # P96000092464

1. Entity Name

PATRIOT CONVENTION SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2530 N Powerline Rd	6600 N Andrews Ave
Suite, Apt. #, etc.: #404	Suite, Apt. #, etc.: STE 160
City & State: Pompano Beach FL	City & State: Ft Lauderdale
Zip: 33069 Country: USA	Zip: 33309 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0706635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: James W. Hilliard

Street Address (P.O. Box Number Is Not Acceptable): 6600 N Andrews Avenue #160

City: Ft Lauderdale FL Zip Code: 33309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ James W. Hilliard 2/6/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D James C. Hilliard 7 Ocean Place Highland Beach FL 33487
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & D Kevin M. Looney 6600 N Andrews Avenue #160 Ft Lauderdale FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Sec James W. Hilliard 6600 N Andrews Ave # 160 Ft Lauderdale FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Tres Richard C. Hindes 6600 N Andrews Ave # 160 Ft Lauderdale FL 33309
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Richard C. Hindes, VP 2/6/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #