

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91391 011 \*\*\*150.00

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DOCUMENT # P96000097511

1. Entity Name

PATTERSON REALTY & MANAGEMENT, INC.



Principal Place of Business

7071 WEST COMMERCIAL  
STE 2C  
FORT LAUDERDALE FL 33319

Mailing Address

7071 WEST COMMERCIAL  
STE 2C  
FORT LAUDERDALE FL 33319

2. Principal Place of Business

6635 West Commercial  
Suite, Apt. #, etc.  
Blvd suite 216

3. Mailing Address

6635 West Commercial Blvd  
Suite, Apt. #, etc.  
Suite 216



☐ CHECK HERE IF MAKING CHANGES

City & State

Tammarac FL

City & State

Tammarac FL

4. FEI Number

65-0710563

Applied For

Not Applicable

Zip

33319

Country

Broward

Zip

33319

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, CHARLES

7071 W COMMERCIAL BLD # 2C  
FORT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name

Charles V Patterson

Street Address (P.O. Box Number is Not Acceptable)

6635 West Commercial Blvd  
suite 216

City

Tammarac

FL

Zip Code

33319

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 P  
NAME PATTERSON, CHARLES  
STREET ADDRESS 4631 NW 74 AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33319

☐ Delete

TITLE TS  
NAME SEARLES-PATTERSON, MACHELLE  
STREET ADDRESS 4631 NW 74 AV  
CITY-ST-ZIP FORT LAUDERDALE FL 33319

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Charles Patterson  
STREET ADDRESS 4263 NW 115 Av  
CITY-ST-ZIP Coral Springs FL 33065

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

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☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)