

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90383 035 ***150.00

DOCUMENT # P97000029345

1. Entity Name
PATCHIN CONSULTING SYSTEMS, INC.



Principal Place of Business
**2000 BRUNSWICK LANE
MELBOURNE FL 32904**

Mailing Address
**5844 SWEETBOTTOM LANE
CLERMONT GA 30527**



2. Principal Place of Business
2000 BRUNSWICK LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES.

City & State
DELAND, FL

City & State

4. FEI Number **59-3445114**

Applied For
Not Applicable

Zip
32724

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATCHIN, JAN A
2740 COZUMEL DRIVES
APT 136
MELBOURNE FL 32935**

Name
JAMES L. REINMAN, ATTY
Street Address (P.O. Box Number is Not Acceptable)

1825. S. RIVERVIEW DRIVE

City
MELBOURNE

FL **32901**

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 **1-17-03**

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOP
PATCHIN, JAN A
5844 SWEETBOTTOM LANE
CLERMONT GA 30527** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PATCHIN, WAYNE E
5844 SWEETBOTTOM LANE
CLERMONT GA 30527** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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: **JAN A. PATCHIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/03 770-983-2496

CR2E034 (10/02)