

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042108

1. Entity Name

PATRIOT RESOURCES, INC.

FILED

Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90076 042 \*\*\*150.00

Principal Place of Business

Mailing Address

2727 ATLANTIC BOULEVARD  
JACKSONVILLE FL 32207

2727 ATLANTIC BOULEVARD  
JACKSONVILLE FL 32207-3701

2. Principal Place of Business

3. Mailing Address

609 Santa Maria Dr

609 Santa Maria Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tierraviva, FL

City & State

Tierraviva, FL

Zip

33715

Country

USA

Zip

33715

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

RAX CO.  
MAHONEY ADAMS & CRISER, P.A.  
50 NORTH LAURA STREET, SUITE 3400  
JACKSONVILLE FL 32202

Name

David Seldin

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

609 Santa Maria Dr

City

Tierraviva

FL

Zip Code

33715

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-00

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SELDIN, DAVID M	
STREET ADDRESS	2727 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	609 Santa Maria Dr.
CITY-ST-ZIP	Tierraviva, FL 33715
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00 727-906-4663

CR2E034 (9/99)