## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 21, 2001 8:00 am DOCUMENT # P97000065422 **Secretary of State** GEORGE PATTON, INC 03-21-2001 90063 012 \*\*\*150.00 Principal Place of Business Mailing Address 10560 68TH AVENUE NORTH 10560 68TH AVENUE NORTH SEMINOLE FL 33772 SEMINOLE FL 33772 C0036389 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3459713 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATTON, GEORGE Street Address (P.O. Box Number is Not Acceptable) 10560 68TH AVENUE NORTH SEMINOLE FL 33772 Zip Code 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, typed or printed name of registered agent and title if applicable Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME PATTON, GEORGE STREET ADDRESS STREET ADDRESS 10560 68TH AVENUE NORTH CITY-ST-ZIP CITY-ST-7IP SEMINOLE FL 33772 TITLE Change ☐ Addition TITLE ☐ Delete NAME PATTON, MARSHA NAME STREET ADDRESS STREET ADDRESS 10560 68TH AVENUE NORTH CITY-ST-7IP CITY-ST-7IP SEMINOLE FL 33772 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS 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 suppliemental 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.