2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000072403**

Country

PATTERSON, LAWRENCE R

3010 S. 3RD ST.

6. Name and Address of Current Registered Agent-

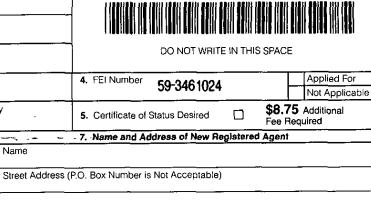
1. Entity Name

Zip

PATTERSON, BOND & LATSHAW, P.A.					
Principal Place of Business	Mailing Address				
LACKSONVILLE FL 32250	3010 S. 3RD ST. JACKSONVILLE FL 32250-6033				
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90020 047 ***150.00



JACKSONVILLE FL 32250 City

SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when r	DATE		
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.		E NOW!!! FEE IS \$150.00 AY 1, 2000 Fee will be \$550.00	10.	Election Campaign Financing	\$5.00 May B

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.

Country

Name

Trust Fund Contribution. Added to Fees

FL

Zip Code

(See criter	ia on back)	Make Check Payable	to Department of	of State	nust runa Contribut	ion. c	AGUEU	1101663	
11.	OFFICERS AND DIRECTORS		12.	ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATTERSON, LAWRENCE R 3010 S. 3RD ST. JACKSONVILLE FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT BOND, C. GUY 3010 S. 3RD ST. JACKSONVILLE FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LATSHAW, JOHN H JR 3010 S. 3RD ST. JACKSONVILLE FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	• •			*Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>			☐ Change	☐ Addition	

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: