## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 01, 2001 8:00 am Secretary of State DOCUMENT # **P97000087889** R. DALE PATCHETT MANAGEMENT, INC. 03-01-2001 90055 018 \*\*\*150.00 Principal Place of Business Mailing Address 3145 SHAMROCK SOUTH 3145 SHAMROCK SOUTH TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 816233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3474985 Not Applicable Country Country Zio \$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 BREWTON, WILBUR E Street Address (P.O. Box Number is Not Acceptable) 225 SOUTH ADAMS STREET **SUITE 250** TALLAHASSEE FL 32301 City 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. DATE Signature, typed or printed name of registered agent and ELe if applicable. (NOTE: Registered Agent's gnature 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Addition TITLE TITLE Change: PATCHETT, R. DALE NAME NAME STREET ADDRESS 3145 SHAMROCK SOUTH STREST ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition T!T! F ☐ Dolete STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition IIILE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP

13. Thereby 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 attachm

IG OFFICER OR DIRECTOR

2-11-01 850-668-0595

FILED

CR2E034 (10/00)