

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

10079708

DOCUMENT # P98000057669					
1. Entity Name PAQUIN'S PATIOS, INC.					
Principal Place of Business 116 HERMES RD VENICE, FL 34293 US			Mailing Address 116 HERMES RD VENICE, FL 34293 US		
2. Principal Place of Business <i>116 HERMES RD.</i> <small>Suite, Apt. #, etc.</small>			3. Mailing Address <i>116 HERMES RD.</i> <small>Suite, Apt. #, etc.</small>		
City & State <i>VENICE FL.</i>			City & State <i>VENICE FL.</i>		
Zip <i>34293</i>		Country <i>SARASOTA</i>		4. FEI Number 65-0852132	
Zip <i>34293</i>		Country <i>SARASOTA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, KURT F 6624 GATEWAY AVE SARASOTA, FL 34231			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>(Sign with typewriter print name of registered agent and file if applicable. (NOTE: Registered Agent's greatest principal office of business.)</small>					
				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAQUIN, MICHAEL		NAME		
STREET ADDRESS	116 HERMES RD		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(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 637, Florida Statutes; and that my name appears in Block 90 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Michael Paquin</i> MICHAEL PAQUIN <i>4/15/03</i> 941 3022806					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>					

CFR2004 (10/02)