2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 28, 2001 8:00 am Secretary of State DOCUMENT # **P9900001132** PAT PATTERSON ELECTRICAL SERVICES, INC. 2-28-2001 90116 044 ***150.00 Principal Place of Business Mailing Address 4386 SHELFER RD P O BOX 6423 TALLAHASSEE FL 32310 TALLAHASSEE FL 32314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3549947 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATTERSON, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 1921 WAHALAW COURT TALLAHASSEE FL 32301 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE Change ☐ Addition D TITLE ☐ Delete NAME NAME PATTERSON, RICHARD D STREET ADORESS 1921 WAHALAW COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

2/26/01 850-402-0071