

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90321 020 \*\*\*550.00

**DOCUMENT # P99000007448**

1. Entity Name  
**DUANE & BARBARA PATTON INC.**

Principal Place of Business Mailing Address  
**10550 SE FEDERAL HWY 10550 SE FEDERAL HWY**  
**HOBE SOUND FL 33455 HOBE SOUND FL 33455**

2. Principal Place of Business 3. Mailing Address  
**Same Same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0897275** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

**BOLEY & FATTORI, FINANCIAL MANAGEMENT  
 SERVICES INC.  
 11900 SE FEDERAL HWY., STE. 205  
 HOBE SOUND FL 33455**

## 7. Name and Address of New Registered Agent

Name **James Smith, Pinnacle Accounting**  
 Street Address (P.O. Box Number is Not Acceptable)  
**301 South Albany Ave.**  
 City **Stuart** FL Zip Code **34994**

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 **James A. Smith IV, P.A.** **7/18/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00.**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be  
 Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
 NAME **PATTON, D K**  
 STREET ADDRESS **6636 S.E. FLORAL TER.**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **VPS** ☐ Delete  
 NAME **PATTON, BARBARA L**  
 STREET ADDRESS **6636 S.E. FLORAL TER.**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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 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: **James A. Smith IV, P.A.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/18/02** **772-546-0361**  
 Date Daytime Phone #

CR2E034 (4/02)