

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015261

1. Entity Name

PATRICK MANUFACTURING, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90914 041 ***150.00

Principal Place of Business

9160 SIDNEY HAYES ROAD
ORLANDO FL 32824

Mailing Address

4303 WOODLYNNE LANE
ORLANDO FL 32812

2. Principal Place of Business

4880 Distribution Ct.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building B, Unit 9

City & State
Orlando, FL

City & State

Zip
32822

Country
USA

Zip

Country

4. FEI Number 59-3560288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEAL, CHARLES A
4303 WOODLYNNE LANE
ORLANDO FL 32812

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete
NAME PATRICK, LOUIS W
STREET ADDRESS 2118 MONASTERY CIRCLE
CITY-ST-ZIP ORLANDO FL 32822

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

TITLE DVPS ☐ Delete
NAME SEAL, CHARLES A
STREET ADDRESS 4303 WOODLYNNE LANE
CITY-ST-ZIP ORLANDO FL 32812

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Charles Seal Charles Seal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01
Date

407-277-7378
Daytime Phone #

CR2E034 (10/00)