

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000015472**

1. Entity Name

**PAT'S VIDEOS 4 LE\$\$, INC.****FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90073 021 \*\*\*150.00

Principal Place of Business

Mailing Address

**11122 W. COVE HARBOR DRIVE  
CRYSTAL RIVER FL 34428****11122 W. COVE HARBOR DRIVE  
CRYSTAL RIVER FL 34428-6226****911880**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**CRYSTAL RIVER, FL**

City &amp; State

4. FEI Number

**59-3559777**

Applied For

Not Applied For

Zip

**34428**

Country

**USA**

Zip

Country

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

**POLK, PATRICK D  
11122 W. COVE HARBOR DRIVE  
CRYSTAL RIVER FL 34428**

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, 2000 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**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>POLK, PATRICK D</b>
STREET ADDRESS	<b>11122 W. COVE HARBOR DRIVE</b>
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34428</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>POLK, DARLENE E</b>
STREET ADDRESS	<b>11122 W. COVE HARBOR DRIVE</b>
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34428</b>
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/25/2000**

Date

**(352) 795-4111**

Daytime Phone #