2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # **P99000037940** PATTON BUILDING SYSTEMS, INC. 05-14-2001 90110 041 ***150.00 Principal Place of Business Mailing Address 760-4 8TH COURT 760-4 8TH COURT LANZETÍ VERO BEACH FL 32962 VERO BEACH FL 32962 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0963412 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent____ PATTON, ANTHONY J III Street Address (P.O. Box Number is Not Acceptable) 760-4 8TH COURT VERO BEACH FL 32962 Zip Code City 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) 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. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME PATTON, ANTHONY J III STREET ADDRESS STREET ADDRESS 760-4 8TH COURT CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32962 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME PYLANT, BRUCE STREET ADDRESS STREET ADDRESS 760-4 8TH COURT CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32962 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME **GUNTER, TOMMY** STREET ADDRESS STREET ADDRESS 916 34TH AVENUE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32968 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 trystee 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR