

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90008 025 ***150.00

DOCUMENT # P99000038093

1. Entity Name
PATMAC SYSTEMS, INC.

Principal Place of Business

**4581 NW 6TH ST
 SUITE I
 GAINESVILLE FL 32606**

Mailing Address

**4581 NW 6TH ST
 SUITE I
 GAINESVILLE FL 32606**

2. Principal Place of Business

4581 NW 6th St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Suite, Apt. #, etc.

Suite I

Gainesville FL

Zip
32609

Country
Alachua

Zip

Country

4. FEI Number **59-3574068**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCKIVIGAN, PATRICK M
 3620 NW 108TH BLVD.
 GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name **Patrick McKivigan**

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

10710 NE 81st St

City **Gainesville**

FL

Zip Code **32609**

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 **Patrick McKivigan**

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

(NOTE: Registered Agent signature required when reinstating)

1/24/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **D** ☐ Delete
 NAME **MCKIVIGAN, PATRICK M**
 STREET ADDRESS **3620 NW 108TH BLVD.**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☐ Delete
 NAME **MCKIVIGAN, LORI A**
 STREET ADDRESS **3620 NW 108TH BLVD.**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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

TITLE ☐ Change ☐ Addition
 NAME
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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: **Patrick McKivigan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02 (352) 336-8808

Date

Daytime Phone #

CR2E034 (9/01)