

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90119 043 ***150.00

DOCUMENT # P99000077918

1. Entity Name
PATCHES' PLACE, INC.

Principal Place of Business
228 PARK AVE. NORTH, SUITE B
WINTER PARK FL 32789

Mailing Address
228 PARK AVE. NORTH, SUITE B
WINTER PARK FL 32789

2. Principal Place of Business
455 DOUGLAS AVE
 Suite, Apt. #, etc.
2155-31

3. Mailing Address
455 DOUGLAS AVE
 Suite, Apt. #, etc.
2155-31

City & State
Altamonte Springs, FL
 Zip
32714
 Country
USA

City & State
Altamonte Springs, FL
 Zip
32714
 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **16-1576117**

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

WALTERS, LAWRENCE G ESQ.
228 PARK AVE. NORTH, SUITE B
WINTER PARK FL 32789

Name **WALTERS, LAWRENCE G ESQ**
 Street Address (P.O. Box Number is Not Acceptable)
455 DOUGLAS AVE
SUITE 2155-31
 City **ORLANDO** FL Zip Code **32714**

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

3.23.01

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
 NAME **D BLAIR, KENNETH** ☐ Delete
 STREET ADDRESS **3396 CHILI AVE**
 CITY-ST-ZIP **ROCHESTER NY 14624**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

716-889-7496

Daytime Phone #

CR2E034 (10/00)