FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P99000099510 1. Entity Name PATRICK B. COURTNEY, P.A. 4-13-2001 90086 049 \*\*\*150.00 Principal Place of Business Mailing Address 313 E. ROBERTSON 313 E. ROBERTSON BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address 337 E, Robertson St 337 E. Rubertson St. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3608329 BRANDON Brandon Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 33*5*11 USA Fee Required V.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATRIUS B. Courtney COURTNEY, PATRICK B Street Address (P.O. Box Number is Not Acceptable) 313 E. ROBERTSON **BRANDON FL 33511** 337 E. Robertson St. 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. (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Director/President Patrick B. Courtney 337 E. Robertson St Change ☐ Addition TITLE Delete TITLE NAME COURTNEY, PATRICK B NAME STREET ADDRESS STREET ADDRESS 313 E. ROBERTSON CITY-ST-ZIP CITY-ST-ZIF Brandon, FC 33571 BRANDON FL 33511 ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ŤĨŤLE TITLE--☐ Change - ☐ Addition D'Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.