

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S12744

1. Entity Name

PATTERSON INVESTMENTS, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90279 048 ***150.00

Principal Place of Business

POST OFFICE BOX 8296
PORT ST. LUCIE FL 34985

Mailing Address

POST OFFICE BOX 8296
PORT ST. LUCIE FL 34985



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

671. SW McCOMB AVE

3. Mailing Address

P.O. Box 8296

Suite, Apt. #, etc.

Port ST Lucie

Suite, Apt. #, etc.

Port ST. Lucie

City & State

Florida

City & State

Florida

4. FEI Number 65-0230111

Applied For

Not Applicable

Zip

34983

Country

ST Lucie

Zip

34985

Country

ST Lucie

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

PATTERSON, NARCISO
671 SW MCCOMB AVE.
PORT ST. LUCIE FL 34953

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, 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 D ☐ Delete
NAME PATTERSON, NARCISO
STREET ADDRESS 671 SW MCCOMB AVE.
CITY-ST-ZIP PT. ST. LUCIE FL

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

TITLE VP ☐ Delete
NAME PATTERSON, ROBERT
STREET ADDRESS 671 SW MCCOMB AVE.
CITY-ST-ZIP PT. ST. LUCIE FL

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:

Narciso Patterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/01

Daytime Phone #

CR2E034 (10/00)