

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90243 008 ***150.00

DOCUMENT # V41789

1. Entity Name
PATTON POOL SERVICE, INC.



Principal Place of Business

Mailing Address

~~205 SECOND LANE~~
~~GREENACRES CITY FL 33463~~
15854 Tangelo Blvd,
W.P.B, FL 33412

~~205 SECOND LANE~~
~~GREENACRES CITY FL 33463~~
15854 Tangelo Blvd,
W.P.B, FL 33412

2. Principal Place of Business

3. Mailing Address

15854 Tangelo Blvd
Suite, Apt. #, etc.

15854 Tangelo Blvd,
Suite, Apt. #, etc.

City & State

City & State

W.P.B, FL,

W.P.B, FL,

Zip

Country

Zip

Country

33412

U.S.A

33412

USA

6. Name and Address of Current Registered Agent

4. FEI Number **65-0337997**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

PATTON, ROBERT T
205 SECOND LANE **15854 Tangelo Blvd.**
GREENACRES CITY FL 33463 **W.P.B, FL.**
33412

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PATTON, ROBERT T.	205 2ND LANE	15854 Tangelo Blvd,	
	GREENACRES FL	W.P.B, FL	33412	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert T. Patton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

561-204-5924

CR2E034 (10/02)