

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90014 023 ***150.00

DOCUMENT # K00242

1. Entity Name
PATRICK ACCOUNTING & TAXES, INC.

Principal Place of Business 2154 MARINER BLVD SPRING HILL FL 34809 US	Mailing Address % PATTI S. PATRICK 7501 GATES CIR SPRING HILL FL 34806
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 2216 BATTEN RD Suite, Apt. #, etc. City & State Brooksville, FL Zip 34602
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4. FEI Number 59-2857148	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**PATRICK, PATTI S.
 7501 GATES CIR
 SPRING HILL FL 34806**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
New Address? 2216 BATTEN RD
 City **Brooksville, FL** Zip Code **34602**

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 *Patti S. Patrick* DATE 2-23-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATRICK, PATTI S.		NAME		
STREET ADDRESS	7501 GATES CIR		STREET ADDRESS	2216 BATTEN RD	
CITY-ST-ZIP	SPRING HILL FL		CITY-ST-ZIP	Brooksville, FL 34602	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATRICK, WILLIAM D.		NAME		
STREET ADDRESS	7501 GATES CIR		STREET ADDRESS	2216 BATTEN RD	
CITY-ST-ZIP	SPRING HILL FL		CITY-ST-ZIP	Brooksville, FL 34602	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATRICK, SANDRA L.		NAME		
STREET ADDRESS	7501 GATES CIR		STREET ADDRESS	2208 BATTEN RD	
CITY-ST-ZIP	SPRING HILL FL		CITY-ST-ZIP	Brooksville FL 34602	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATRICK, TAMMY S		NAME		
STREET ADDRESS	7048 SPRING HILL DR		STREET ADDRESS	4435 Union Springs Rd.	
CITY-ST-ZIP	SPRING HILL FL		CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Patti S. Patrick* DATE 2-23-01 DAYTIME PHONE # 352-683-9124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)