

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90132 041 ***150.00

DOCUMENT # P02000116285

1. Entity Name
U.S. AUDIT & CONSULTING, INC.



Principal Place of Business
**474 SANDPOPER DIRVE
SATELLITE BEACH FL 32937**

Mailing Address
**474 SANDPOPER DIRVE
SATELLITE BEACH FL 32937**

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2. Principal Place of Business
1980 N. Atlantic Ave.

3. Mailing Address
1980 N. Atlantic Ave.

Suite, Apt. #, etc.
Suite #201

Suite, Apt. #, etc.
Suite #201

City & State
Cocoa Beach, FL

City & State
Cocoa Beach, FL

4. FEI Number
01-0749678

Applied For
Not Applicable

Zip
32931

Country
US

Zip
32931

Country
US

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

6. Name and Address of Current Registered Agent

**ANDERSON, J PATRICK
474 SANDPOPER DIRVE
SATELLITE BEACH FL 32937**

7. Name and Address of New Registered Agent

Name: **Patrick J. Anderson**
Street Address (P.O. Box Number is Not Acceptable)
930 S. Harbor City Blvd.
Suite 505
City **Melbourne** FL Zip Code **32901**

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

TITLE **D** ☐ Delete
NAME **HATOUM, DAN**
STREET ADDRESS **474 SANDPOPER DIRVE**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **D** ☐ Delete
NAME **BLOOM, ANDREW E**
STREET ADDRESS **474 SANDPOPER DIRVE**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Dan Hatoun**
STREET ADDRESS **2199 Birdie Eagle Drive**
CITY-ST-ZIP **Titusville, FL 32796**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Andrew E. Bloom**
STREET ADDRESS **474 Sandpiper Drive**
CITY-ST-ZIP **Satellite Beach, FL 32937**

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

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

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

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

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:

SIGNATURE REQUIRED

1-30-03

(321) 868-5234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)