

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90334 039 \*\*\*150.00

0033994 AV

**DOCUMENT # P95000030142**

1. Entity Name  
**PATRICIA KEATING & ASSOCIATES, INC.**



Principal Place of Business  
**4323 N CARAMBOLA CIR  
COCONUT CREEK FL 33066  
US**

Mailing Address  
**4323 N CARAMBOLA CIR  
COCONUT CREEK FL 33066  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0581371**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**KEATING, PATRICIA M  
4323 N CARAMBOLA CIR  
COCONUT CREEK FL 33066**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	<b>D</b> <b>KEATING, PATRICIA M</b> <b>4323 N CARAMBOLA CIRCLE</b> <b>POMPANO BEACH FL 33066</b>	<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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patricia M Keating* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/03 (954)974-9927  
Date Daytime Phone #

CR2E034 (4/03)

*Attachment*

**Patricia Keating & Associates, Inc.**

4323 N. Carambola Circle  
Coconut Creek, FL 33066  
954/974-9927  
patsykeating@yahoo.com

1011073  
#P95000030142

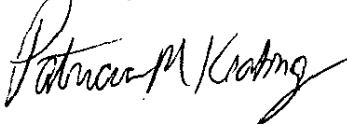
July 9, 2003

To Whom it May Concern:

This is my first notice of my annual UBR for FEI Number **65-0581371**. I have always promptly filed with the Department of Corporations and this was my first year of not receiving this documentation until a few days ago.

Please accept my check of \$150.00 filing fee as wish to have the late fee waived. Thank you for your help in this matter and I will retain a copy of this information so that I may file on-line next year and avoid any confusion through the US mail.

Sincerely,



Patricia M. Keating  
President