

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90162 014 \*\*\*150.00

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**DOCUMENT # P99000087193**

**1. Entity Name**  
**PATRICIAN PETSITTERS, INCORPORATED**

**Principal Place of Business**  
**707 VICTORY CIRCLE**  
**BOYNTON BEACH FL 33436**

**Mailing Address**  
**707 VICTORY CIRCLE**  
**BOYNTON BEACH FL 33436**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**637 Manatee Bay Dr.**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**637 Manatee Bay Dr.**  
Suite, Apt. #, etc.

**City & State**  
**Boynton Beach FL**  
**Zip**  
**33435**  
**Country**  
**Palm Beach**

**4. FEI Number** **65-0953443**  
**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
**GEERLING, TIMOTHY COLE**  
**707 VICTORY CIRCLE**  
**BOYNTON BEACH FL 33436**

**7. Name and Address of New Registered Agent**  
**Name** **Geerling, Timothy Cole**  
**Street Address (P.O. Box Number is Not Acceptable)** **637 Manatee Bay Dr.**  
**City** **Boynton Beach** **FL** **Zip Code** **33435**

**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** *Timothy C. Geerling* **Timothy C. Geerling** **3-23-02**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>GEERLING, TIMOTHY C</b> <b>207 VICTORY CIRCLE</b> <b>BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>GEERLING, LIA M</b> <b>707 VICTORY CIRCLE</b> <b>BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>Geerling, Timothy C</b> <b>637 Manatee Bay Dr.</b> <b>Boynton Beach, FL 33435</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>Geerling, Lia M</b> <b>637 Manatee Bay Dr.</b> <b>Boynton Beach, FL 33435</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Timothy C. Geerling* **Timothy C. Geerling** **3/23/02** **561-742-2790**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)