

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90099 049 \*\*\*158.75

0261700 AVI

DOCUMENT # **V30152**

1. Entity Name  
**PATIKIN AUDITING, INC.**



Principal Place of Business  
**318 INDIAN TRACE  
SUITE 225  
WESTON FL 33326  
US**

Mailing Address  
**318 INDIAN TRACE  
SUITE 225  
WESTON FL 33326  
US**



2. Principal Place of Business  
**3 SQUIRREL Hill Rd.**

3. Mailing Address  
**3 SQUIRREL Hill Rd.**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**ASHEVILLE, NC**

City & State  
**ASHEVILLE, NC**

4. FEI Number **65-0330363**

Applied For  
 Not Applicable

Zip Country  
**28804-1022 USA**

Zip Country  
**28804-1022 USA**

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

6. Name and Address of Current Registered Agent

**MORRIS STUART R ESQ  
7000 WEST PALMETTO PARK ROAD  
SUITE 310  
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ZALKIN, CARI</b> <b>318 INDIAN TRACE #225</b> <b>WESTON FL 33326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PATENOTTE, HANNAH E.</b> <b>318 INDIAN TRACE #225</b> <b>WESTON FL 33326</b>
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ZALKIN, CARI</b> <b>3 SQUIRREL Hill Rd</b> <b>ASHEVILLE NC 28804-1022</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PATENOTTE, HANNAH E.</b> <b>3 SQUIRREL Hill Rd</b> <b>ASHEVILLE, NC 28804-1022</b>
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
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: **Hannah E. Patenotte** **HANNAH E. PATENOTTE** 4/1/03 828.645.8850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)