

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90122 027 \*\*\*150.00

**DOCUMENT # F99000006057**

**1. Entity Name**  
**AUSTIN MAINTENANCE & CONSTRUCTION, INC.**



**Principal Place of Business**  
**8031 AIRPORT BLVD.**  
**HOUSTON TX 77061**

**Mailing Address**  
**P.O. BOX 1590**  
**DALLAS TX 75221**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **76-0623027**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

**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**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	C	<input type="checkbox"/> Delete
NAME	GAFFORD, RONALD J	
STREET ADDRESS	3535 TRAVIS STREET, SUITE 300	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	S	<input type="checkbox"/> Delete
NAME	NELSON, ELAINE	
STREET ADDRESS	3535 TRAVIS STREET, SUITE 300	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHRANZ, JAMES E	
STREET ADDRESS	3535 TRAVIS STREET, SUITE 300	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	P	<input type="checkbox"/> Delete
NAME	KELLY, HENRY G	
STREET ADDRESS	8031 AIRPORT BLVD	
CITY-ST-ZIP	HOUSTON TX 77061	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FANNING, DONALD J	
STREET ADDRESS	8031 AIRPORT BLVD	
CITY-ST-ZIP	HOUSTON TX 77061	
TITLE	AS	<input type="checkbox"/> Delete
NAME	STAKEM, ALAN P	
STREET ADDRESS	3535 TRAVIS STREET SUITE 300	
CITY-ST-ZIP	DALLAS TX 75204	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/03 (314) 443 5500

CR2E034 (10/02)