## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # 214948 1. Entity Name AUSTWOOD ENTERPRISES, INC. 05-14-2001 90167 001 \*1.428.75 Principal Place of Business Mailing Address 6550 ROOSEVELT BLVD 6550 ROOSEVELT BLVD JACKSONVILLE FL 32244-4011 JACKSONVILLE FL 32244-4011 2. Principal Place of Business 3. Mailing Address 8232 Ramona Blvd. 8232 Ramona Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Jacksonville, Fl. Jacksonville, Fl. 4. FEI Number Applied For 59-0841953 Not Applicable Country Country US Zip 32221 32221 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <sup>N</sup>Ronald W. Fussell HOLMES, LOCKWOOD P. Street Address (P.O. Box Number is Not Acceptable) 8232 Ramona Blvd. 6550 ROOSEVELT BLVD. JACKSONVILLE FL 32244 City Jacksonville 8. The above named entity submits this of changing its registered office or registered agent, or both, in the State of Florida. 4-26-01 Ronald W. Fussell SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Р TITLE ☐ Delete TITLE XX Mange HOLMES, LOCKWOOD NAME NAME Lockwood P. Holmes STREET ADDRESS 6550 ROOSEVELT BLVD STREET ADDRESS 8232 Ramona Blvd. CITY-ST-ZIF JACKSONVILLE FL 32244-4011 CITY-ST-ZIP Jacksonville, Fl. 32221 ☐ Delete TITLE Addition XX X<sup>h</sup>X<sup>n</sup>ge VΡ FUSSELL, RONALD W NAME NAME Ronald W. Fussell STREET ADDRESS 5215-105 HWY AVE STREET ADDRESS 8232 Ramona Blvd. CITY-ST-7IP CITY\_ST-7IP JACKSONVILLE FL 32254 Jacksonville, Fl. TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 posted 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 attachient with an address, with all other like approprieted. 4-26-01 **SIGNATURE** AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR W. FUSSELL

Daytime Phone #