

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91782 048 ***158.75

DOCUMENT # 214948

1. Entity Name
AUSTWOOD ENTERPRISES, INC.

Principal Place of Business

~~8232 RAMONA BLVD~~
JACKSONVILLE, FL 32221

Mailing Address

~~8232 RAMONA BLVD~~
JACKSONVILLE, FL 32221



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8323 Ramona Blvd
 Suite, Apt. #, etc.

3. Mailing Address

8323 Ramona Blvd
 Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-0841953

Applied For

Not Applicable

Zip

32221

Country

Zip

32221

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FUSSELL, RONALD W
8232 RAMONA BLVD
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8323 Ramona Blvd

City

Jacksonville

FL

Zip Code

32221

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 *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **HOLMES, LOCKWOOD**
 STREET ADDRESS **8232 RAMONA BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE **DVP** ☐ Delete
 NAME **FUSSELL, RONALD W**
 STREET ADDRESS **8232 RAMONA BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8323 Ramona Blvd**
 CITY-ST-ZIP **Jacksonville FL 32221**

TITLE ☒ Change ☐ Addition
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 NAME
 STREET ADDRESS
 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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/02

Daytime Phone #

904-378-8098

CR2E034 (9/01)