

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90424 045 ***150.00

DOCUMENT # 250533

1. Entity Name

AUSTIN INVESTMENT COMPANY, INC.

Principal Place of Business

1408 N. WESTSHORE BLVD.
 STE. 1002
 TAMPA FL 33607
 US

Mailing Address

1408 N. WESTSHORE BLVD.
 STE. 1002
 TAMPA FL 33607-4512
 US

2. Principal Place of Business

1211 N. Westshore Blvd.

3. Mailing Address

1211 N. Westshore Blvd.

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

Suite 700

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

Zip

33607

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0975112

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUSTIN, ALFRED S
 1408 N. WESTSHORE BLVD.
 STE. 1002
 TAMPA FL 33607

Name

Austin, Alfred S.

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

1211 N. Westshore Blvd.

Suite #700

City

Tampa

FL

Zip Code

33607

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

Alfred S. Austin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	AUSTIN, ALFRED S.	1408 N. WESTSHORE BLVD., STE. 1002	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	Austin, Alfred S.	1211 N. Westshore Blvd. Suite #700	Tampa, FL 33607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE:

Alfred S. Austin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

813-289-3886

Daytime Phone #

CR2E034 (9/99)