

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 SEP 18 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000006963



1. Entity Name  
AUSTIN OUTDOOR, INC.

Principal Place of Business  
1600 PARKWOOD CIRCLE  
SUITE 400  
ATLANTA GA 30339

Mailing Address  
PO BOX 849  
BUNNELL FL 32110

2. Principal Place of Business  
4601 N. State street  
Suite, Apt. #, etc.  
Bunnell FL  
City & State

3. Mailing Address  
PO Box 849  
Suite, Apt. #, etc.  
Bunnell FL  
City & State

08/08/03 90136 001 \$550.00

☐ CHECK HERE IF MAKING CHANGES

Zip  
32110

Country  
USA

Zip  
32110

Country  
USA

4. FEI Number 65-1068127

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name  
Paul M. Guntharp Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
185 Cypress Point Pkwy  
Ste 6  
City  
Palm Coast FL Zip Code  
32137

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 *Paul M. Guntharp Jr.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/17/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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	V GAID, PERRY 1600 PARKWOOD CIRCLE, #400 ATLANTA GA 30339	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHATZ, EDWARD JR 4800 N FEDERAL HIGHWAY SUITE 200B BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEVINE, STEVEN J 4800 NORTH FEDERAL HIGHWAY, SUITE 200-B BOCA RATON FL 33431	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAZE, PETER M.R. 4800 N FEDERAL HIGHWAY SUITE 200B BOCA RATON FL 33431	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLBERT, ANN M 4800 NORTH FEDERAL HIGHWAY, SUITE 200-B BOCA RATON FL 33431	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GEBHARD, ROGER 4800 N FEDERAL HIGHWAY SUITE 200B BOCA RATON FL 33431	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: *Paul M. Guntharp Jr.* REQUIRED

9/17/03

386-437-6211