

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H68429

1. Entity Name

OWENS, SASSER & ASSOCIATES, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90125 029 \*\*\*150.00

Principal Place of Business

464 DOUGLAS AVE.  
OLDSMAR FL 34677

Mailing Address

464 DOUGLAS AVE.  
OLDSMAR FL 34677

2. Principal Place of Business

12651 RaceTrack Rd  
Suite, Apt. #, etc.

3. Mailing Address

12651 RaceTrack Rd  
Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33626

Country

USA

City & State

Tampa FL

Zip

33626

Country

USA

4. FEI Number 59-2565049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AUGELLO, MICHAEL A

~~464 DOUGLAS RD E~~

~~OLDSMAR FL 34677~~

7. Name and Address of New Registered Agent

Name

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

12651 RaceTrack Rd

City

Tampa

FL

Zip Code

33626

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

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, 2001 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  
NAME AUGELLO, MICHAEL A  
STREET ADDRESS ~~464 DOUGLAS AVE.~~ 12651 RaceTrack Rd  
CITY-ST-ZIP OLDSMAR FL 34677 Tampa FL 33626

TITLE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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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: *Michael A. Augello, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Michael A. Augello, Pres

4-23-01 813-855-6917  
Date Daytime Phone #

CR2E034 (10/00)