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WOLFE YOUNG COMPANY

#1186 P.002/002

FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700017874347

05/02/03--01046--009 **150.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010554

1. Entity Name
AUGUSTINE & NAIL, P.L.

Principal Place of Business
1501 CHIPPEWA TRAIL
MATLAND, FL 32761

Mailing Address
PMB #407, 146 S. OTLAND AVENUE, SUITE B
MATLAND, FL 32761

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

4. FPI Number
59-3726349

Applying For
 Not Applicable

5. Certificate of Status Desired
 \$5.00 Additive Fee Required

6. Name and Address of Current Registered Agent
**AUGUSTINE, LOVELLE
1501 CHIPPEWA TRAIL
MATLAND, FL 32761**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____

C. MANAGING MEMBERS/MANAGERS		D. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUGUSTINE, PHILIP R 1501 CHIPPEWA TRAIL MATLAND, FL 32761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUGUSTINE, LOVELLE 1501 CHIPPEWA TRAIL MATLAND, FL 32761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAIL, G. DOUGLAS 1413 HARRIN DRIVE KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information provided on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 899, Florida Statutes.

SIGNATURE: *Lovele Augustine* 4/28/03

Printed Name: _____

2003 UBR