

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003209

1. Entity Name
JACK AUGSBACK & CO LLC

FILED

01 JAN 26 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
580 VILLAGE BOULEVARD #140
WEST PALM BEACH FL 33409

Mailing Address
580 VILLAGE BOULEVARD #140
WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0931920

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUGSBACK, JACK
580 VILLAGE BOULEVARD #140
WEST PALM BEACH FL 33409

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGRM
AUGSBACK, JACK
STREET ADDRESS
580 VILLAGE BOULEVARD #140
CITY-ST-ZIP
WEST PALM BEACH FL 33409

TITLE NAME Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
MGRM
STYS, MARK V
STREET ADDRESS
580 VILLAGE BOULEVARD #140
CITY-ST-ZIP
WEST PALM BEACH FL 33409

TITLE NAME Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000003601540-02
-01/30/01--01065--023
*****50.00 *****50.00

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that 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 608, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/27/2001 561-689-1611
Date Daytime Phone #

CR2E063 (11/00)