

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

00 MAY 18 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007611

1. Entity Name
AUSTIN LIMITED COMPANY

Principal Place of Business
10731 WILLIAMS ROAD
THONOTASASSA FL 33592

Mailing Address
10731 WILLIAMS ROAD
THONOTASASSA FL 33592-3540



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0969905

Applied For
Not Applicable

Zip

Country

Zip

Country

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

AUSTIN, LONNIE
10731 WILLIAMS ROAD
THONOTOSASSA FL 33592

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 MGRM ☐ Delete
NAME Lonnie C. Austin
STREET ADDRESS 10731 Williams Road
CITY-ST-ZIP Thonotosassa, Florida 33592

TITLE ☐ Change ☐ Addition
NAME 300003285283-5
STREET ADDRESS -06/12/00-01113-004
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME Paulette Y. Austin
STREET ADDRESS 10731 Williams Road
CITY-ST-ZIP Thonotosassa, FL 33592

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/14/00

Date

(813) 986-1627

Daytime Phone #

CR2E083 (9/99)