

2001 UNIFORM BUSINESS REPORT (UBR)

0016928 AF

DOCUMENT # L99000007611

1. Entity Name

AUSTIN LIMITED COMPANY

FILED

01 APR 30 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10731 WILLIAMS ROAD
THONOTASASSA FL 33592

Mailing Address

10731 WILLIAMS ROAD
THONOTASASSA FL 33592

2. Principal Place of Business

9531 ELECTRIC AVE

3. Mailing Address

9531 ELECTRIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

THONOTASASSA, FL

City & State

THONOTASASSA, FL

Zip

33592

Country

USA

Zip

33592

Country

USA

4. FEI Number

65-0969905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, LONNIE
10731 WILLIAMS ROAD
THONOTASASSA FL 33592

7. Name and Address of New Registered Agent

Name
(SAME)

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

9531 ELECTRIC AVE

City

THONOTASASSA

FL

Zip Code

33592

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)

100004220981--6

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

-05/16/01--01118--036
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AUSTIN, LONNIE C
10731 WILLIAMS ROAD
THONOTASASSA FL 33592 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AUSTIN, PAULETTE Y
10731 WILLIAMS ROAD
THONOTASASSA FL 33592 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(SAME)
9531 ELECTRIC AVE
THONOTASASSA, FL 33592 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(SAME)
9531 ELECTRIC AVE
THONOTASASSA, FL 33592 ☒ Change ☐ Addition

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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:

PAULETTE Y. AUSTIN

4/25/01

(813)986-1643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)