

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007231

1. Entity Name  
AUGUST ACQUISITIONS, INC.

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90274 044 \*\*\*150.00

005323

Principal Place of Business  
121 STAG RIDGE CT  
LONGWOOD FL 32779

Mailing Address  
121 STAG RIDGE CT  
LONGWOOD FL 32779

J U U I U U

2. Principal Place of Business  
207 Churchill Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
207 Churchill Drive  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Longwood, FL  
Zip  
32779  
Country  
U.S.A.

City & State  
Longwood FL  
Zip  
32779  
Country  
U.S.A.

4. FEI Number  
59-3555596  
☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUGUST, ANNA L  
121 STAG RIDGE CT  
LONGWOOD FL 32779

Name  
Anna L August  
Street Address (P.O. Box Number is Not Acceptable)  
207 Churchill Dr  
City  
Longwood FL Zip Code  
32779

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

4-30-01  
DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anna L. August 207 Churchill Dr Longwood, FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jennifer L. August 1617 Orange Ave Winter Park, FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Susan J. August 728 Suncrest Loop #114 Casselberry, FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Anna L. August  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 407-592-8337  
Date Daytime Phone #

CR2E034 (10/00)