


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91905 006 ***150.00

DOCUMENT # <u>P000000007231</u>	
1. Entity Name <u>August Acquisitions Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>205 Tranquility Cove</u>	3. Mailing Address <u>205 Tranquility Cove</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>Altamonte Springs, FL</u>	City & State <u>Altamonte Springs, FL</u>	4. FEI Number <u>59-3617072</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32701</u>	Country <u>USA</u>	Zip <u>32701</u>	Country <u>USA</u>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Anna August Boling</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>205 Tranquility Cove</u>	
City <u>Altamonte Springs, FL</u>	Zip Code <u>32701</u>

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 Anna August Boling DATE 04/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE <u>OWNER - President</u>	TITLE <u>Anna August Boling</u>
NAME <u>Anna August Boling</u>	STREET ADDRESS <u>205 Tranquility Cove</u>
STREET ADDRESS <u>Altamonte Springs, FL</u>	CITY-ST-ZIP <u>32701</u>
TITLE	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Anna August Boling Anna August Boling 04/30/03 4076822921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)