

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90053 012 ***150.00

9/7/2002
 45

DOCUMENT # P00000022274

1. Entity Name
SCOTT R. AUSTIN, P.A.

Principal Place of Business
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2336

Mailing Address
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2336

2. Principal Place of Business
6534 N.W. 45 WAY
 Suite, Apt. #, etc.

3. Mailing Address
6534 NW 45 WAY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
COCONUT CREEK, FL
 Zip **33073** Country **USA**

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COCONUT CREEK, FL
 Zip **33073** Country **USA**

4. FEI Number
65-0986470

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AUSTIN, SCOTT R
200 SOUTH BISCAYNE BLVD.
~~**SUITE 2500**~~
MIAMI FL 33131-2336

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
700 S. Federal Highway Suite 200
 City **Boca Raton** FL Zip Code **33432**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, SCOTT R 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2336	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P 6534 NW 45 WAY COCONUT CREEK, FL, 33073	<input checked="" 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
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.25.02 954.410.3760

CR2E034 (9/01)