2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022274

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -1 PM 2:30

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

2. Principal Place of Business	3. Mailing Address
515 N. FLAGLER DR.	515 N. Flagler Dr.
Suite, Apt. #, etc.: SUITE 600	Suite, Apt. #, etc.: SUITE 600
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33401 Country: U.S.A.	Zip: 33401 Country: U.S.A.

☐ CHECK HERE IF MAKING CHANGES

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: AUSTIN, SCOTT R.
Street Address (P.O. Box Number is Not Acceptable): 515 N. Flagler Drive, Suite 600
City: WEST PALM BCH FL Zip Code: 33401

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: [signature] 4.27.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: AUSTIN, SCOTT R STREET ADDRESS: 2500 FIRST UNION FINANCIAL CENTER CITY-ST-ZIP: MIAMI, FL 331312336	☐ Delete	TITLE NAME: AUSTIN, SCOTT R. STREET ADDRESS: 515 N. Flagler Drive, Suite 600 CITY-ST-ZIP: WEST PALM BEACH, FL 33401	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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05/13/03--01055--002 **150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4.29.03 954.410.3760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)