

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90026 025 ***150.00

DOCUMENT # P00000033545

1. Entity Name

LAW OFFICES OF THOMAS W. AUSTIN, P.A.

Principal Place of Business

300 AVENUE OF THE ARTS
FT. LAUDERDALE FL 33312

Mailing Address

300 AVENUE OF THE ARTS
FT. LAUDERDALE FL 33312

2. Principal Place of Business

1040 BAYVIEW DR.

Suite, Apt. #, etc.

SUITE 112

FT. LAUDERDALE FL

3. Mailing Address

1040 BAYVIEW DR.

Suite, Apt. #, etc.

SUITE 112

FT. LAUDERDALE FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

165-0997294

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, THOMAS W
300 AVENUE OF THE ARTS
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

THOMAS W. AUSTIN

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

1040 BAYVIEW DR. SUITE 112

City

FT. LAUDERDALE FL

Zip Code

33304

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)

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	AUSTIN, THOMAS W	
STREET ADDRESS	300 AVENUE OF THE ARTS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	THOMAS W. AUSTIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS W. AUSTIN	
STREET ADDRESS	1040 BAYVIEW DR. #112	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

CR2E034 (10/00)