2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000054759

Entity Name: NEW AUGUSTINE TOOL INC.

Current Principal Place of Business:

213 WEST KING STREET
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

213 WEST KING STREET
ST. AUGUSTINE, FL 32084

Current Mailing Address:

213 WEST KING STREET
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 59-3656254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURN, NANCY J
2203 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

BURN, NANCY J
2203 N. PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32095 US

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: NANCY J. BURN 01/09/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: OP ( ) Delete
Name: COLOGNA, EMIL JR
Address: 1125 KINGS EST RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP ( ) Delete
Name: JAUDON, LYNETTE
Address: 3815 OSPREY CR D
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMIL COLOGNA JR OWNE 01/09/2002
Electronic Signature of Signing Officer or Director Date