

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

03-24-2004 90024 006 ***61.25
P00000103231

DOCUMENT # P00000103231

1. Entity Name
SHANE AUSTIN & ASSOCIATES, INC.



Principal Place of Business
8212 S.W. 14TH COURT
NO. LAUDERDALE, FL 33068

Mailing Address
8212 S.W. 14TH COURT
NO. LAUDERDALE, FL 33068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1052998

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUDAS, STEPHEN A
8212 S.W. 14TH COURT
NO. LAUDERDALE, FL 33068

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 ☐ Delete
NAME DUDAS, STEPHEN A
STREET ADDRESS 8212 S.W. 14TH COURT
CITY-ST-ZIP NO. LAUDERDALE, FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DUDAS, JULIE ANNE
STREET ADDRESS 8212 SW 14 CT.
CITY-ST-ZIP POMPANO BEACH, FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME GOMEZ, MICHELLE
STREET ADDRESS 4709 CARAMBOLA CIRCLE, NORTH
CITY-ST-ZIP POMPANO BEACH, FL 33066

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 it 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 04 954 722-8944