

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90568 049 ***150.00

DOCUMENT # P01000081789

1. Entity Name

AUSTIN BROWN TRANSPORT, INC.

Principal Place of Business

**5797 BEAURIVAGE AVE.
 SARASOTA, FL 34243**

Mailing Address

**5797 BEAURIVAGE AVE. PO Box 20083
 SARASOTA, FL 34243
 34276**

2. Principal Place of Business

3. Mailing Address

PO Box 20083

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota FL

4. FEI Number

65-1131483

Applied For

Not Applicable

Zip

Country

Zip

Country

34276

Sarasota

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

VOIGT, STEPHEN F ESQ.

2043 BEE RIDGE RD

SARASOTA, FL 34239

Name **Steven A Brown**

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

5797 Beaurivage Ave

City **Sarasota**

FL

Zip Code

34243

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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres Treas Director	<input type="checkbox"/> Delete
NAME	Steven Brown	
STREET ADDRESS	5797 Beaurivage Ave	
CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	Stephen Austin	<input type="checkbox"/> Delete
NAME	2481 Milman Dr	
STREET ADDRESS	Sarasota, FL 34237	
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		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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

Steven Brown

Date

Daytime Phone #

PRESIDENT 3/28/02

441 356 8819

CR2E034 (9/01)