

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90114 025 ***150.00

DOCUMENT # P01000121845

1. Entity Name
AUSTIN MARINE CONSTRUCTION, INC.

Principal Place of Business
**8726 COBBLESTONE DR
 TAMPA FL 33615**

Mailing Address
**8726 COBBLESTONE DR
 TAMPA FL 33615**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8726 Cobblestone Drive
 Suite, Apt. #, etc.

3. Mailing Address
8726 Cobblestone Drive
 Suite, Apt. #, etc.

City & State
Tampa, Florida
 Zip
33615
 Country
USA

City & State
Tampa, Florida
 Zip
33615
 Country
USA

4. FEI Number
01-0563988

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AUSTIN, FRED M JR
 8726 COBBLESTONE DR
 TAMPA FL 33615**

7. Name and Address of New Registered Agent

Name **-NO Change**
 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.

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, 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

TITLE **PSTD** ☐ Delete
 NAME **AUSTIN, FRED M JR**
 STREET ADDRESS **8726 COBBLESTONE DR**
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE **VD** ☐ Delete
 NAME **DEBOLD, KIRKLAND J**
 STREET ADDRESS **6398 S CLARK**
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
 NAME **~~XXXXXXXXXX~~**
 STREET ADDRESS **~~XXXXXXXXXX~~**
 CITY-ST-ZIP **~~XXXXXXXXXX~~**

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

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

TITLE ☐ Change ☐ 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: **Fred M. Austin Jr, President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 368-4660

Date Daytime Phone #

CR2E034 (9/01)