

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90194 028 ***150.00

046378 AV

DOCUMENT # P02000057319

1. Entity Name
AUSTIN C., INC.



Principal Place of Business
**502 SOUTH FREMONT #602
TAMPA FL 33606**

Mailing Address
**502 SOUTH FREMONT #602
TAMPA FL 33606**



2. Principal Place of Business

1104 ISLAMORADA LN

3. Mailing Address

1104 ISLAMORADA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

TAMPA - FLORIDA

City & State

TAMPA - FLORIDA

④ FEI Number

03-0846780

Applied For

Not Applicable

Zip

33606

Country

USA

Zip

33606

Country

USA

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

**YARNELL, RICHARD
502 SOUTH FREMONT #602
TAMPA FL 33606**

Address Change →

Name

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

1104 ISLAMORADA LN

City

Tampa

FL

Zip Code

33606

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

Richard Yarnell

Richard YARNELL

President

4-15-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 **PRESIDENT** ☐ Delete
NAME **RICHARD YARNELL**
STREET ADDRESS **1104 ISLAMORADA**
CITY-ST-ZIP **TAMPA - FLORIDA - 33606**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 10 or Block 11 if changed, or on an attachment to this report, with all other like empowered.

SIGNATURE:

Richard Yarnell

Richard YARNELL President

4-13-03

8138435117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)