

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90253 043 \*\*\*150.00

UNIFORM  
AV

DOCUMENT # **P02000081401**

1. Entity Name

**AUSTIN MCKENZIE ENTERPRISES, INC.**



Principal Place of Business

**2198 MAIN STREET  
SARASOTA FL 34237**

Mailing Address

**2198 MAIN STREET  
SARASOTA FL 34237**

2. Principal Place of Business

**1355 ROBERTS BAY LANE**

3. Mailing Address

**1355 ROBERTS BAY LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

**SARASOTA FLORIDA**

City & State

**SARASOTA FLORIDA**

4. FEI Number

Applied For

Not Applicable

Zip

**34242**

Country

**USA**

Zip

**34242**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**OLSON, ANTHONY E  
2198 MAIN STREET  
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name **LEONARD MCKENZIE**  
Street Address (P.O. Box Number is Not Acceptable)  
**1355 ROBERTS BAY LANE**  
City **SARASOTA FL** Zip Code **34242**

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

**LEONARD MCKENZIE**

**4/17/2003**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MCKENZIE, LEONARD J</b>
STREET ADDRESS	<b>2198 MAIN STREET</b>
CITY-ST-ZIP	<b>SARASOTA FL 34237</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MCKENZIE, LOUISE M</b>
STREET ADDRESS	<b>2198 MAIN STREET</b>
CITY-ST-ZIP	<b>SARASOTA FL 34237</b>
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/2003**

**941 544 2244**

Date

Daytime Phone #

CR2E034 (10/02)