

FILED
Sep 11, 2003 8:00 am
Secretary of State

08-29-2003 90086 017 ***150.00

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

8

DOCUMENT # P02000128004

1. Entity Name
AUSTIN TRUCKING, INC.



Principal Place of Business
1349 BURLWOOD ROAD
NEW SMYRNA BEACH FL 32168

Mailing Address
1349 BURLWOOD ROAD
NEW SMYRNA BEACH FL 32168

55056318

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

141858226

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

AUSTIN, MARY
1349 BURLWOOD ROAD
NEW SMYRNA BEACH FL 32168

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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: D
NAME: AUSTIN, MARY
STREET ADDRESS: 1349 BURLWOOD ROAD
CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168

☐ Delete

TITLE: President
NAME: Robert Austin
STREET ADDRESS: 1349 Burlwood Rd
CITY-ST-ZIP: New Smyrna Beach FL 32168

☐ Change

☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change

☐ Addition

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☐ Change

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/03

Date

386 428-3570

Daytime Phone

CR2E034 (4/03)

Attachment - 55054318

#P00000128004

8/2/63

This is the only notice I received & I only got it a few weeks ago, I am sending the \$150.00 fee that I was told to send. If there is wrong please let me know. I hope this will satisfy you & that I will get my notice on time next year. If I had known that this was due earlier, I would have sent it on time. I was not told by my attorney when we incorporated that I had to pay this tax. Thank you for your cooperation in this matter.

Mary Austin
Director of
Austin Trucking Inc