

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061543

1. Entity Name

AUSTIN BUSINESS SERVICES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90148 048 ***150.00

Principal Place of Business

Mailing Address

3307 US HWY 19
HOLIDAY FL 34691
US

526 BEVERLY DR
COPPELL TX 00907-1597
US

2. Principal Place of Business

3. Mailing Address

1485-1 AVENUE ASHFORD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

City & State

City & State

SAN JUAN, PR

Zip

Country

Zip

Country

00907-1550

US

4. FEI Number

59-3270168

Applied For

Not Applicable

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

GONZALEZ, ENRICO G
11203 56TH STREET NORTH
TAMPA FL 33617

Name

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

6255 EAST FOWLER AVENUE

City

TEMPLE TERRACE

FL

Zip Code

33617

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.

Enrico G. Gonzalez
SIGNATURE

(~~SEE~~ CHANGE IN REGISTERED AGENT ADDRESS,
~~PLEASE~~ CHANGE MAILING ADDRESS. ~~SEE~~)

4/15/00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS AUSTIN, WILLIAM J 526 BEVERLY DR COPPELL TX 75019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT AUSTIN, LINDA Y 526 BEVERLY DR COPPELL TX 75019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1485-1 AVENUE ASHFORD, #104 SAN JUAN, PR 00907-1550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1485-1 AVENUE ASHFORD, #104 SAN JUAN, PR 00907-1550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Enrico G. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/00 787-315-9966

CR2E034 (9/99)