2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 12, 2001 08:00 AM P94000061543 DOCUMENT # 1. Entity Name **Secretary of State** AUSTIN BUSINESS SERVICES, INC. Principal Place of Business Mailing Address 3307 US HWY 19 1485-1 AVE. ASHFORD #104 HOLIDAY FL SAN JUAN 34691 009071550 US 2. Principal Place of Business 3. Mailing Address 3307 US HWY 19 2158A CALLE PARK BOULEVARD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For HOLIDAY FL SAN JIIAN 59-3270168 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 346911691 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ ENRICO 6255 E. FOWLER AVE Street Address (P.O. Box Number is Not Acceptable) TAMPA 33617 US 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. 09/12/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DVT TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change MAME ALISTIN LINDA Y NAME AUSTIN LINDA 1485-1 AVENUE ASHFORD #104 STREET ADDRESS STREET ADDRESS 2158A CALLE PARK BOULEVARD CITY-ST-ZIP SAN JUAN PR 009071550 CITY-ST-ZIP SAN JUAN 009134519 DPS ☐ Delete TITLE DPS X Change NAME AUSTIN WILLIAM NAME AUSTIN WILLIAM J STREET ADDRESS 1485-1 AVENUE ASHFORD #104 STREET ADDRESS 2158A CALLE PARK BOULEVARD CITY-ST-ZIP SAN JUAN PR 009071550 CITY-ST-ZIP SAN JUAN PR 009134519 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

09/12/2001

Daytime Phone #

Date

WILLIAM J'AUSTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _