Apr 04, 2001 8:00 am Secretary of State

04-04-2001 90252 001 ***317.50

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008981

1. Entity Name

JEANIE AUSTIN & ASSOCIATES, INC.

Principal Place of Business Mailing Address						
4444 N ORANGE BLOSSOM TRL ORLANDO FL 32804		4444 N ORANGE BLOSSOM TRL ORLANDO FL 32804				
						A TROUTEN THE LETTER THAN ENDER ENDER SOME DESIGN DESIGN FRANCISCOUR SELECT RESERVOIR
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & Sta	tę ,	City & State			4.	FEI Number 59-3297971 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				್ಷ-೯೯ , ೨೭ ನಗಳ	7. 1	lame and Address of New Registered Agent
GRIFFIN, H T 28 EAST WASHINGTON STREET ORLANDO FL 32801				City	es (P.O. E	Teague Box Number is Not Acceptable) No Orange Blosson Tro
8. The above	e named entity submits this statement for See 4 Tengue Direct Signature, typed or printed name of registered agent as		411_		istered ag	3/30/01
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, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, H T 28 EAST WASHINGTON STREET ORLANDO FL 32801	X Delete	TITLE NAME STREET	ADDRESS 4	refte 1444 1414 m	ry Teague Debasson Trodo, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, JEANIE R 1338 BUCKWOOD DR ORLANDO FL 32804	X Delete	TITLE NAME STREET A	ADDRESS		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Délete Délete	TITLE - NAME STREET / CITY-ST	I		
TITLE NAME STREET ADDRESS CUTY-ST-ZIP		☐ Delete	TITLE NAME STREET A	- 1		☐ Change ☐ 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE:

TITLE

NAME

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Je H Tengue Directon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DI

Jeff sagn

3/30/01

4072425400

☐ Change

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Addition

Addition

Daytime Phone #