2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P95000028106 **DOCUMENT #** 1. Entity Name AUGMENT INC.



FILED Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90129 021 ***150.00

Principal Place of Business 1611 HAMPTON LANE SAFETY HARBOR FL 34695-5237		Mailing Address 1611 HAMPTON LANE SAFETY HARBOR FL 34695-5237				# 11 11 11 14 14 1	
2. Principal Place of Business		3. Mailing Address			-		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAK	ING CHANGES	,
City & State		City & State			4. FEI Number 59-3311531		pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Currer	it Registered Agent	L		7. Name and Address of New Registers		
	J. J. St. St. St. St. St. St. St. St. St. St	The same of the sa	····················Name		سن العبريات المصافعية الله المات المسلم الماتيجة	100 0 00	
Monroe, Kenneth 1611 Hampton Lane			Street	Address (P.O. Box Number is Not Acceptable)		
SAFETY	HARBOR FL 34695-5237			 _			
			. City		F	-L Zip Coo	ie
	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered agent.		NOTE: Registered Agent sign		ed agent, or both, in the State of Florida. I a	<u></u>	and accept
🥇 After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department				9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS ANI	D DIRECTORS	11.	·- <u>·</u> -	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MONROE, KENNETH R 1611 HAMPTON LANE SAFETY HARBOR FL 34695-57	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS MONROE, SARA L 1611 HAMPTON LANE SAFETY HARBOR FL 34695-52	□ Defete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ربارد السب ∋يد ضربي	Delete	NAME STREET ADDRESS CITY-ST-ZIP		which was a second of the seco	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated	ertify that the information supplied will on this report or supplemental report	in inis thing does not qualify is true and accurate and the	tor the exemption st at my signature shall	ated in Sei have the s	ction 119.07(3)(i), Florida Statutes. I further same legal effect as if made under oath: tha	certity that the i	ntormation or director

of the corporation of 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

SIGNATURE:

127-796-2201