

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90068 020 ***150.00

DOCUMENT # **P95000086487**

1. Entity Name
AUSTERMAN, INC.



Principal Place of Business
**5507 9TH STREET E
BRADENTON FL 34203
US**

Mailing Address
**3825 HIGHGATE DRIVE
VALRICO FL 33594**

11007431



2. Principal Place of Business

3. Mailing Address
1631 Miller Road South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
Valrico, FL

4. FEI Number **59-3346146**

Applied For
Not Applicable

Zip Country

Zip Country
33594 USA

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

**AUSTERMAN, JOHN
3825 HIGHGATE DRIVE
VALRICO FL 33594**

Address change only

Name: **John Austerman**
Street Address (P.O. Box Number is Not Acceptable): **1631 Miller Road South**
City: **Valrico** FL Zip Code: **33594**

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 *John Austerman*

DATE **4-20-03**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
	AUSTERMAN, JOHN	3825 HIGHGATE DRIVE	VALRICO FL 33594	<input type="checkbox"/>
				<input type="checkbox"/>
	D			<input type="checkbox"/>
	AUSTERMAN, DEBORAH	3825 HIGHGATE DRIVE	VALRICO FL 33594	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
	John Austerman	1631 Miller Road South	Valrico, FL 33594	<input type="checkbox"/>	<input type="checkbox"/>
	Deborah Austerman	1631 Miller Road South	Valrico, FL 33594	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *John Austerman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-20-03** DAYTIME PHONE # **888-741-2690**

CR2E034 (10/02)