

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000045578**

1. Entity Name

AUSTUS ADVISORY, INC.

Principal Place of Business

**1109 LAKE CHARLES CIR
LUTZ FL 33549**

Mailing Address

**1109 LAKE CHARLES CIR
LUTZ FL 33549**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3386808**

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****POPE, SARAH D
1109 LAKE CHARLES CIR
LUTZ FL 33549**

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	POPE, SARAH D	
STREET ADDRESS	1109 LAKE CHARLES CIRCLE	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE	D	<input type="checkbox"/> Delete
NAME	POPE, TUDOR RICHARD	
STREET ADDRESS	1109 LAKE CHARLES CIRCLE	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SARAH D. POPE *Sarah D. Pope* 1/10/01 813-948-2785**FILED**
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90053 036 ***150.00

901000



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)