

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005893

1. Entity Name

Augusto Enterprises, Inc

Principal Place of Business

Mailing Address

3450 GRAN AVE NE
PALM BAY FL

2. Principal Place of Business

3450 GRAN AVE NE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bay FL

City & State

4. FEI Number

65-0731045

Applied For

Not Applicable

Zip

32905

Country

Bremer

Zip

Country

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

Name

DAN WELCH

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

5405 SAND LAKE DR

City

Melbourne

FL

Zip Code

32934

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

Dan Welch

President

9/10/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DAN WELCH
President
5405 SAND LAKE DR
Melbourne, FL 32934

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President / Director
DANIEL WELCH
5405 SAND LAKE DR
Melbourne, FL 32934

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRES
FRANKLIN ANDOLFI
340 CANAPA DR
Miami Springs, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice Pres - Director
DANIEL WELCH
5405 SAND LAKE DR
Melbourne, FL 32934

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC/Treas
Katherine Welch
340 CANAPA DR
Miami Springs, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC / Director
Katherine Welch
5011 Dixie Hwy NE #212
Palm Bay, FL 32905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
NAME
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 an other like empowered.

SIGNATURE:

DANIEL WELCH

9-10-01

321-725-4020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)