

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P970000016642**

1. Entity Name

AUSTRIAN COMPANY, INC

Principal Place of Business

P.O. Box 4799
KEY WEST, FL 33041

Mailing Address

P.O. Box 4799
KEY WEST, FL 33040

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 98-01
DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0783951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL L. BROWNING
402 APPELROUTH LANE
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name **RICHARD M. KLITENICK, ESQ**
Street Address (P.O. Box Number is Not Acceptable)
624 WHITEHEAD STREET
City **KEY WEST** FL Zip Code **33040**

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

9/4/2001

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

TITLE NAME **PST WICKER, GERALD F.** ☐ Delete
STREET ADDRESS **P.O. Box 4799**
CITY-ST-ZIP **KEY WEST, FL 33041**

TITLE NAME **Secy. Taylor, Lanier I.** ☐ Delete
STREET ADDRESS **416 Amelia St**
CITY-ST-ZIP **Key West FL 33040**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **400004617484--9**
CITY-ST-ZIP **-10/01/01--01030--009**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****1200.00**
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 #

Gerald F. Wicker

09.07.01

CR2034 (11/00)