

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90163 034 \*\*\*550.00

**DOCUMENT # P98000049681**

1. Entity Name  
**AUSTFURN SERVICES AMERICAN, INC.**

Principal Place of Business

**4302 E. 10TH AVE., #404  
TAMPA FL 33605**

Mailing Address

**4302 E. 10TH AVE., #404  
TAMPA FL 33605**

**972166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3535 Halifax Rd**

Suite, Apt. #, etc.

3. Mailing Address

**3535 Halifax Rd**

Suite, Apt. #, etc.

City & State  
**Petersburg, VA**

City & State  
**Petersburg, VA**

4. FEI Number **59-3516854**

Applied For  
Not Applicable

Zip  
**23805**

Country

Zip  
**23805**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CONNETT, STEPHEN G  
411 MASON ST  
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name

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

**213 N. Parsons Av**

City

**Brandon**

FL

Zip Code

**33510**

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

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

**STEPHEN G. CONNETT**

(NOTE: Registered Agent signature required when reinstating)

**7-31-02**

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 13, 2002 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
BAGBY, RICK  
4302 E. 10TH AVE., #404  
TAMPA FL 33605** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Andrew Melville  
3535 Halifax Rd  
Petersburg, VA 23805** ☐ Change ☒ Addition

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

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

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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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

**Andrew Melville**

**7/31/02**

**(804) 733-1423**

Daytime Phone #

CR2E034 (4/02)