

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061343

1. Entity Name

AUSTIN CMP, INC.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90483 044 \*\*\*150.00

Principal Place of Business

Mailing Address

317 PINE SHADOW LANE  
LAKE MARY FL 32746

317 PINE SHADOW LANE  
LAKE MARY FL 32746-4822

2. Principal Place of Business

3. Mailing Address

3909 E. Semoran Blvd

522 Hunt Club Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg 599

PMB 412

City & State

City & State

Apopka FL

Apopka, FL

Zip

Country

Zip

Country

32703 Seminole

32703 Seminole

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTTO, THOMAS M JR.  
317 PINE SHADOW LANE  
LAKE MARY FL 32746

Name

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

3909 E Semoran Blvd  
Bldg 599

City

Apopka

FL

Zip Code

32703

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

*Thomas M. Hutto, Jr.*  
Signature, typed or printed name of registered agent and title if applicable.

Thomas M. Hutto, Jr., Pres.

4-24-00

(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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HUTTO, THOMAS M JR	317 PINE SHADOW LANE	LAKE MARY FL 32746	<input type="checkbox"/>
V	CHANDRINOS, FAYE	750 WYLLY AVE #1	SANFORD FL 32773	<input type="checkbox"/>
VO	SHUMAK, CARL I JR	750 WYLLY AVE #1	SANFORD FL 32773	<input type="checkbox"/>
ST	HUTTO, MARSHALL	317 PINE SHADOW LANE	LAKE MARY FL 32746	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3909 E Semoran Blvd, Bldg 599	Apopka, FL 32703	<input checked="" type="checkbox"/>
		3909 E. Semoran Blvd, Bldg 599	Apopka, FL 32703	<input checked="" type="checkbox"/>
	CARL I SHUMATE SR	3909 E Semoran Blvd, Bldg 599	Apopka, FL 32703	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

*Thomas M. Hutto, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 4078657211