

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030381

1. Entity Name

AUSTIN GROUP IRL., INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90011 019 ***150.00

Principal Place of Business

307 E MAGNOLIA STREET
LAKELAND FL 33801

Mailing Address

307 E MAGNOLIA STREET
LAKELAND FL 33801-4829

2. Principal Place of Business

307 E. Magnolia ST

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

Lakeland Florida

City & State

SAME

Zip

33801

Country

U.S.

Zip

Country

4. FEI Number

59-3592940

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUFFY, RAYMOND
307 E MAGNOLIA STREET
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

RAYMOND DUFFY

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

307 E. Magnolia ST

City

Lakeland

FL

Zip Code

33801

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)

Blank

~~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

TITLE ☐ Delete
NAME President
STREET ADDRESS Raymond Duffy
CITY-ST-ZIP 3823 Old Salem rd. Lakeland FL 33811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME Treasurer / Secretary
STREET ADDRESS Anna Marie Duffy
CITY-ST-ZIP 1920 E. Edgewood Dr. 6-4 Lakeland FL 33803

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.18.2000

CR2E034 (9/99)