

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 an
Secretary of State

02-07-2000 90081 032 ***150.00

DOCUMENT # P99000050789

1. Entity Name

JACK AUGSBACK & CO INC.

Principal Place of Business

Mailing Address

145 SE 11TH AVE
BOYNTON BEACH FL 33435

145 SE 11TH AVE
BOYNTON BEACH FL 33460-4648

B0015369

2. Principal Place of Business

3. Mailing Address

580 VILLAGE BLVD.

580 Village Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 140

Suite 140

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

Zip

Country

33409

US

33409

US

4. FEI Number

65-0931918

Applied

Not

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUGSBACK, JACK
145 SE 11TH AVE
BOYNTON BEACH FL 33435

Name

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

580 Village Blvd., Suite 140

West Palm Beach, FL

City

FL

Zip Code

33409

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) ☐

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
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AUGSBACK, JACK
145 SE 11TH AVE
BOYNTON BEACH FL 33435

TITLE ☒ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP
580 Village Blvd., Suite 140
West Palm Beach, FL 33409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STYS, MARK V
18457 SE HERITAGE OAKS LANE
JUPITER FL 33469

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
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, 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 #

1/28/00

561-689-16