

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050789

1. Entity Name

JACK AUGSBACK & CO INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90497 047 ***150.00

0508364

Principal Place of Business

580 VILLAGE BLVD
STE 140
WEST PALM BEACH FL 33409
US

Mailing Address

580 VILLAGE BLVD
STE 140
WEST PALM BEACH FL 33409
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0931918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUGSBACK, JACK
580 VILLAGE BLVD
STE 140
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Jack Augsback Jack AUGSBACK JR

01/03/2001

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, 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 D ☐ Delete
NAME AUGSBACK, JACK
STREET ADDRESS 580 VILLAGE BLVD STE 140
CITY-ST-ZIP WEST PALM BEACH FL 33409

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

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 JO ANN AUGSBACK
STREET ADDRESS 580 VILLAGE BLVD Suite 140
CITY-ST-ZIP WPB, FL 33409

TITLE ☐ Change ☒ Addition
NAME TAMMY L. AUGSBACK
STREET ADDRESS 580 VILLAGE BLVD Suite 140
CITY-ST-ZIP WPB, FL 33409

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Jack Augsback Jack AUGSBACK JR 01/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-

689-164

CR2E034 (10/00)