

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000082150**1. Entity Name
MICHAEL AUSTIN INTERIORS, INC.

Principal Place of Business 1217 SOUTH MILITARY TRAIL, STE. F WEST PALM BEACH FL 33415	Mailing Address 1217 SOUTH MILITARY TRAIL, STE. F WEST PALM BEACH FL 33415
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2. Principal Place of Business 1233 S MILITARY TRAIL	3. Mailing Address 1233 S MILITARY TRAIL
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Suite, Apt. #, etc. SUITE E	Suite, Apt. #, etc. SUITE E
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City & State WEST PALM BEACH FL	City & State WEST PALM BEACH FL
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Zip 33415	Country	Zip 33415	Country
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4. FEI Number 65-0946742	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**ZAHARAKO DOROTHY BCPA**
4000 NO. A1A, #801

FT. PIERCE FL 34949 US**7. Name and Address of New Registered Agent**

Name BABCOCK AUSTIN
Street Address (P.O. Box Number is Not Acceptable) 4079 D PALM BAY CIRCLE
City WEST PALM BEACH FL 33406

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 **AUSTIN BABCOCK****04/26/2001**

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KESLAR DAVID 4683 HOLIDAY CIRCLE S WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BABCOCK AUSTIN 4683 HOLIDAY CIRCLE S WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KESLAR DAVID 4079 D PALM BAY CIRCLE WEST PALM BEACH FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BABCOCK AUSTIN 4079 D PALM BAY CIRCLE WEST PALM BEACH FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **AUSTIN BABCOCK**PRES **04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)