

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V18031

1. Entity Name

SAMUEL P. AUGSPURGER, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90004 031 ***150.00

Principal Place of Business

11202 LADINO STREET
BOCA RATON FL 33428
US

Mailing Address

11202 LADINO STREET
BOCA RATON FL 33428-4802
US

2. Principal Place of Business

12359 Antille Dr.

Suite, Apt. #, etc.

3. Mailing Address

12359 Antille Dr.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0313538

Applied For

Not Applicable

Zip

Country

33428

USA

Zip

Country

33428

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUGSPURGER, JENNIFER L., ESQ.

1900 NW CORPORATE BLVD

SUITE 400 EAST

BOCA RATON FL 33431

Name

Augsburger, Jennifer L. ESQ.

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

7301 W. Palmetto Park Rd. Ste 101A

City

Boca Raton, FL

FL

Zip Code

33433-3455

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

Jennifer L. Augspurger, Esq.

4/13/00

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
DPST
AUGSPURGER, SAMUEL P.
~~11202 LADINO STREET~~ 12359 Antille Dr.
BOCA RATON FL 33428

☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ 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:

Samuel P. Augspurger

4/13/00

DATE

954 242 1660

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)