

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90167 001 *1,428.75

DOCUMENT # V62407

1. Entity Name
AUSTIN-LOCKWOOD DISTRIBUTORS, INC.

Principal Place of Business

**6550 ROOSEVELT BLVD
 JACKSONVILLE FL 32244**

Mailing Address

**6550 ROOSEVELT BLVD
 JACKSONVILLE FL 32244**

4 5 5 1 3

2. Principal Place of Business

8232 Ramona Blvd.

Suite, Apt. #, etc.

3. Mailing Address

8232 Ramona Blvd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, Fl.

City & State
Jacksonville, Fl.

4. FEI Number **59-3342925**

Applied For
 Not Applicable

Zip
32221

Country
US

Zip
32221

Country
US

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

**HOLMES, LOCKWOOD
 6550 ROOSEVELT BLVD
 JACKSONVILLE FL 32244**

Name

Ronald W. Fussell

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

8232 Ramona Blvd.

City

Jacksonville

FL

Zip Code
32221

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

Ronald W. Fussell

Ronald W. Fussell

4-26-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **HOLMES, LOCKWOOD**
 STREET ADDRESS **5116 HARBOR POINT CIRCLE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME **Lockwood P. Holmes**
 STREET ADDRESS **8232 Ramona Blvd.**
 CITY-ST-ZIP **Jacksonville, Fl. 32221**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 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:

Ronald W. Fussell

Ronald W. Fussell

4-26-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)