2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **N37300** 1. Entity Name FILED FIRST COAST MANUFACTURERS ASSOCIATION, INC. 02 NOV -6 PM 12: 37 Principal Place of Business Mailing Address 4215 SOUTHPOINT BLVD. 4215 SOUTHPOINT BLVD. SUITE 140 SUITE 140 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2922415 Applied For Zip Not Applicable Zip Country 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 Name DANIELS, L. A., JR. Street Address (P.O. Box Number is Not Acceptable) 4215 SOUTHPOINT BLVD SUITE 140 JACKSONVILLE FL 32-216? 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to Department of State ELECTION FILE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE . WHITE, EDWARD W JR D NAME NAME 4168 SOUTHPOINT PKWY STE 101 STREET ADDRESS Jerry Bussell STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32216 6743 Southpoint Drive, N, Jacksonville CITY-ST-7IP TITLE FL: 32216 ☐ Delete D TITLE Mann, Timothy NAME Change Addition Sea Steven Jenkins NAME 459 E 16TH ST. STREET ADDRESS STREET ADDRESS 241 Levy Road CITY-ST-ZIP JACKSONVILLE FL 32206 CITY-ST-ZIP Atlantic Beach, FL 32233 TITLE Delete TITLE sloan, Graeme Change Addition NAME Paul Kamke 1223 WARNER ROAD STREET ADDRESS STREET ADDRESS 4235 St. Augustine Road CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP Jacksonville, FL 32207 TITLE Delete TITLE JOBA, WALTER R NAME ☐ Change Addition NAME STREET ADDRESS 1035 TALLEYRAND AVE STREET ADDRESS JACKSONVILLE FL 32206 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Hays, Robert NAME ☐ Change Addition NAME 700 PALMETTO ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32206 CITY-ST-ZIP TITLE Delete ROBBINS, GEORGE W TITLE NAME Change ☐ Addition ADDRESS FOOT OF WEST 61ST STREET NAME STREET ADDRESS JACKSONVILLE FL 32208 CiTY-ST-ZIP

12. 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 changed, or on an arachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR POWER MARKET SCOTTER MARKET SCOTTER



November 1, 2002

Division Of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

To Whom It May Concern:

I called Monday October 28, 2002 to inform you of our check for the 2002 Uniform Business Report have been returned to us. I was instructed by your operator to write a letter explaining why the delay.

Unfortunately, it was sent back to us stating we had the wrong address. Enclosed you will find a copy of the old envelope along with a check for \$61.25. I apologize for the inconvenience.

Please call with any questions.

Thank you for your assistance in this matter.

Sherri Mitchell
Shuri Mitchell

Program Coordinator First Coast Manufacturers Association 4215 Southpoint Blvd., Suite 140 Jacksonville, FL 32216

(904) 296-9664