2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000117635

Entity Name: 1ST COAST TRUCK & AUTO REPAIR, INC.

Current Principal Place of Business:

1455 EASTPORT ROAD
JACKSONVILLE, FL 32218

New Principal Place of Business:

1455 EASTPORT ROAD
SUITE 2
JACKSONVILLE, FL 32218

Current Mailing Address:

1455 EASTPORT ROAD
JACKSONVILLE, FL 32218

New Mailing Address:

208 VINTAGE OAKS CIRCLE
ST. AUGUSTINE, FL 32092

FEI Number: 59-3761011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GELARO, FRANCIS LOUISE
14227 MAY ACRES LANE
JACKSONVILLE, FL 32218

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHEFFIELD, ROBERT A III
Address: 208 VINTAGE OAKS CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: V ( ) Delete
Name: GELARO, FRANCIS LOUISE
Address: 14227 MAY ACRES LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: ST ( ) Delete
Name: SHEFFIELD, KAREN M
Address: 208 VINTAGE OAKS CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN M SHEFFIELD ST 04/30/2002

Electronic Signature of Signing Officer or Director — Date