

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F01000004100**

1. Entity Name

FIRST COAST SECURITY OF GA, INC.

Principal Place of Business

305 N. LEE ST.  
KINGSLAND GA 31548

Mailing Address

PO BOX 471  
KINGSLAND GA 31548

2. Principal Place of Business

3. Mailing Address

PO Box 2545

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KingSLand, Ga

4. FEI Number

58-2612394

Applied For

Not Applicable

Zip

Country

Zip

Country

31548 USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent:

Name

7. Name and Address of New Registered Agent:

TSION, BRIAN  
3869 W. GRAND CENTRAL PLACE  
JACKSONVILLE FL 32245

Name

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

City

FL 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)

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, 2002 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

TITLE **P**  
NAME **COOPERSON, SHELLEY**  
STREET ADDRESS **305 N. LEE ST.**  
CITY-ST-ZIP **KINGSLAND GA**

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Larry E Hartley**  
NAME **34 Bark St.**  
STREET ADDRESS **Kingsland, Ga. 31548**  
CITY-ST-ZIP

Change  Addition

TITLE **Signe Hartley**  
NAME **34 Bark St.**  
STREET ADDRESS **Kingsland, Ga. 31548**  
CITY-ST-ZIP

Delete

Change  Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Change  Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Change  Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Change  Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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:

*Larry E Hartley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jun 11, 2002 8:00 am  
Secretary of State

06-11-2002 90151 034 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)