

DOCUMENT # **G80388**

1. Entity Name
FIRST COAST CONSULTANTS, INC.

Principal Place of Business

**1730 SHADOWOOD LANE
SUITE 320
JACKSONVILLE FL 32207
US**

Mailing Address

**1730 SHADOWOOD LANE
SUITE 320
JACKSONVILLE FL 32207
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2501222**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VAINE, JOSEPH T.
6339 POTTSBURG PLANTATION BLVD
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name **Joseph T. Vaine**

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

7541 HOLIDAY ROAD S.

City **JACKSONVILLE**

FL

Zip Code **32216**

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 *Joseph T. Vaine*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-3-2001
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

TITLE **PDS** ☐ Delete
NAME **VAINE, JOSEPH T.**
STREET ADDRESS **6339 POTTSBURG PLANTATION BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **C** ☐ Delete
NAME **VAINE, JANICE D.**
STREET ADDRESS **6339 POTTSBURG PLANTATION BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☒ Change ☐ Addition
NAME **JOSEPH T. Vaine**
STREET ADDRESS **7541 HOLIDAY ROAD S.**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **C** ☒ Change ☐ Addition
NAME **JANICE D. Vaine**
STREET ADDRESS **7541 HOLIDAY ROAD S.**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Joseph T. Vaine* **JOSEPH T. Vaine** **1-3-2001** **904 396-0990**
Signature and typed or printed name of signing officer or director Date Daytime Phone #