

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90043 007 \*\*\*150.00

0019431

**DOCUMENT # H00120**

1. Entity Name  
**FIRST COAST UNDERWRITERS, INC.**

Principal Place of Business <b>C/O L.F. EVERETT          182 POINSETTA STREET          ATLANTIC BEACH FL 32233</b>	Mailing Address <b>C/O L.F. EVERETT          182 POINSETTA STREET          ATLANTIC BEACH FL 32233</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>%L.F. EVERETT</b> Suite, Apt. #, etc. <b>4332 TIDEVIEW DRIVE</b>	3. Mailing Address <b>%L.F. EVERETT</b> Suite, Apt. #, etc. <b>4332 TIDEVIEW DRIVE</b>
City & State <b>JACKSONVILLE, FL</b>	City & State <b>JACKSONVILLE, FL</b>
Zip <b>32250</b>	Country <b>DUVAL</b>

4. FEI Number **NOT APPLICABLE** Applied For   
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**EVERETT, L.F.  
 182 POINSETTA STREET  
 ATLANTIC BEACH FL 32233**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**4332 TIDEVIEW DRIVE**  
 City **JACKSONVILLE, FL** Zip Code **32250**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (applicable) (NOT if Registered Agent signature required when registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD EVERETT, L.F. 182 POINSETTA ST ATLANTIC BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD EVERETT, L.F. 4332 TIDEVIEW DRIVE JACKSONVILLE, FL 32250</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV EVERETT, CAROLYN 182 POINSETTA ST ATLANTIC BEACH FL 32233</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV EVERETT, CAROLYN 4332 TIDEVIEW DRIVE JACKSONVILLE, FL 32250</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 file empowered.

SIGNATURE: \_\_\_\_\_

**CAROLYN EVERETT, VP.**

**4-27-01 (904) 241-1800, X-21**

Date Daytime Phone

CR2E034 (10/00)