

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90029 041 ***150.00

DOCUMENT # H16062

1. Entity Name

FIRST COAST ENTERPRISES, INC.

Principal Place of Business

**655 WEST 8TH ST.
 JACKSONVILLE, FL 32209**

Mailing Address

**655 WEST 8TH ST.
 ATTN: CHARLES E. CANIFF
 JACKSONVILLE FL 32209**

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

59-2439517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CANIFF, CHARLES E ESQ.
 655 WEST 8TH STREET
 JACKSONVILLE FL 32209**

7. Name and Address of New Registered Agent

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	CPD	<input checked="" type="checkbox"/> Delete
NAME	NORTON, ROBERT G	
STREET ADDRESS	655 WEST 8TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GAY, GREG	
STREET ADDRESS	655 WEST 8TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CANIFF, CHARLES E	
STREET ADDRESS	655 WEST 8TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Otis L. Story, Sr.	
STREET ADDRESS	655 West 8th Street	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William J. Ryan	
STREET ADDRESS	655 West 8th Street	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Caniff **Charles E. Caniff** 04/30/02 904-244-5984
 Date Daytime Phone #

CR2E034 (9/01)