Apr 17, 2002 8:00 am 8 Secretary of State 204-17-2002 90060 002 700 .2002 Uniform Business Report (UBR) H49192 DOCUMENT # 1. Entity Name FIRST COAST BROKERAGE, INC. Principal Place of Business Mailing Address 10118 COURTYARDS PL. 10118 COURTYARDS PL. JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 10118 OURTYARDS F 3. Mailing Address OURTJARD S 101180 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2503910 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 2256 2256 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUTCHESON, DONALD B. Street Address (P.O. Box Number is Not Acceptable) 10118 COURTYARDS PL. JACKSONVILLE FL 32256 City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDC TITLE ☐ Delete TITLE Change ☐ Addition HUTCHESON, DONALD B. NAME NAME 10118 COURTYARDS PL. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HUTCHESON, EVELYN NAME NAME 10118 COURTYARDS PL. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment with a address, with all other like empowered. SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR