

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90071 027 \*\*\*150.00

UNIFORM A1

**DOCUMENT # K00808**

1. Entity Name

**FIRST COAST HORIZONTAL BORING, INC.**

Principal Place of Business

**21999 NW 61ST AVE.  
LAWTEY FL 32058**

Mailing Address

**21999 NW 61ST AVE.  
LAWTEY FL 32058**

2. Principal Place of Business

3. Mailing Address

**P. O. Box 379**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Lawtey, FL**

Zip

Country

Zip  
**32058**

Country

4. FEI Number

**59-2861648**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ATTEBERRY, ROBERT T.  
2808 JONES ROAD  
JACKSONVILLE FL 32220**

Name

**Atteberry, Robert T.**

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

**21999 NW 61ST Ave.**

City

**Lawtey**

**FL**

Zip Code  
**32058**

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 **Robert T. Atteberry President**

*Robert T. Atteberry*

**01-07-2002**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ATTEBERRY, ROBERT T. 21999 NW 61ST AVE LAWTEY FL 32058</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV ATTEBERRY, SARAH T. 21999 NW 61ST AVE LAWTEY FL 32058</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTS ATTEBERRY, SARAH K 301 SE 71ST AVE STARKE FL 32091</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: **Robert T. Atteberry** *Robert T. Atteberry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-07-2002 904-781-7766**

Date

Daytime Phone #

CR2E034 (9/01)