2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90086 045 ***150.00

DOCUMENT # K64198

1. Entity Name

FIRST COAST ENTERPRISES OF NORTHEAST FLORIDA INC

Principal Place of Business	Mailing Address
% FRANCIS T. JOURA JR 4533 SUNBEAM ROAD. SUITE 103 JACKSONVILLE FL 32257	% FRANCIS T. JOURA JR 4533 SUNBEAM ROAD. SUITE 103 JACKSONVILLE FL 32257-6141

855430

DO NOT WRITE IN THIS SPACE

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 59-2932136 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOURA, FRANCIS T. JR
29 OAKS DRIVE
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

Name FRANCIS T. JOURA JR.

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

73 EVANS DRIVE

City JACKSONVILLE BEACH 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 Francis Joura JR 3/31/00
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, 2000 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	DP JOURA, FRANCIS T. JR ~~29 OAKS DRIVE~~ JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	73 EVANS DRIVE JACKSONVILLE BEACH, FL 32250	☒ ~~Change~~ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WASHINGTON, GEORGE RAY 4210 STACEY RD EAST JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERLINGHOFF, JEFF 6810 SAN SOUCI RD JACKSONVILLE FL	☒ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE → DIRECTOR NAME CYNTHIA, LOUISE SMITH STREET ADDRESS RT 2 BOX 410 A CITY-ST-ZIP HORTENSE, GA 31543		☐ Change ☒ ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: FRANCIS T. JOURA JR Francis Joura JR 3/31/00 9047336595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #