

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K976 53**

1. Entity Name

FIRST COAST CONSTRUCTION, INC. OF N. FL.

Principal Place of Business Mailing Address
8822 Nomad Road
Jacksonville, FL 32220

2. Principal Place of Business 3. Mailing Address
10498 Wellington Sp Way **10498 Wellington Sp Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jacksonville FL **Jacksonville, FL**
 Zip Country Zip Country
32221 **USA** **32221** **USA**

6. Name and Address of Current Registered Agent
Charles E. Jones
10498 Wellington Springs Way
Jacksonville, FL 32221

4. FEI Number Applied For
59-2968266 Not Applicable

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

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, 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			
TITLE	P	Charles E. Jones <input type="checkbox"/> Delete	
NAME			
STREET ADDRESS		8822 NOMAD Rd	
CITY-ST-ZIP		Jacksonville, FL 32220	
TITLE		<input checked="" type="checkbox"/> Delete	
NAME	V	Rex Elliott Jones	
STREET ADDRESS		8822 Nomad Rd	
CITY-ST-ZIP		Jacksonville, FL 32220	
TITLE		<input type="checkbox"/> Delete	
NAME	S	Dawn Jones	
STREET ADDRESS		10498 Wellington Sp. Way	
CITY-ST-ZIP		Jacksonville, FL 32221	
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	P	Charles E. Jones <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS		10498 Wellington Sp. Way	
CITY-ST-ZIP		Jacksonville, FL 32221	
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			
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  **Charles E. Jones, Pres** **4/30/00** **904-693-2712**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jun 02, 2000 8:00 am
Secretary of State
 06-02-2000 90006 025 ***150.00

00100610

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)