

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90010 011 ****50.00

DOCUMENT # L01000020331

1. Entity Name

FIRST COAST EQUIPMENT EXPORT, L.L.C.

Principal Place of Business

**740 OCEAN CLUB PLACE
 AMELIA ISLAND FL 32035**

Mailing Address

**740 OCEAN CLUB PLACE
 AMELIA ISLAND FL 32035**

2. Principal Place of Business

325 Yogy PL

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15878

Suite, Apt. #, etc.

City & State

Fernandina Bch

City & State

Fernandina Bch

Zip

23034

Country

USA

Zip

23035

Country

USA

4. FEI Number

59-3752157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CLARK, FURMAN O JR.
 740 OCEAN CLUB PLACE
 AMELIA ISLAND FL 32035**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-8-02

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **CLARK, FURMAN O JR.**
 STREET ADDRESS **740 OCEAN CLUB PLACE**
 CITY-ST-ZIP **AMELIA ISLAND FL 32035**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **PARTNER** ☐ Change ☒ Addition
 NAME **BRENDA FREEMAN**
 STREET ADDRESS **4220 Light Wind Dr.**
 CITY-ST-ZIP **FERNANDINA Bch, FL 32034**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Furn Clark