

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M77294

1. Entity Name

FIRST COAST DESIGNS, INC.

Principal Place of Business

7800 BAYBERRY ROAD
JACKSONVILLE FL 32256-3818

Mailing Address

7800 BAYBERRY ROAD
JACKSONVILLE FL 32256-3818

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 59-2906851

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

FULLERTON, ROBERT C.
7800 BAYBERRY RD.
JACKSONVILLE FL 32256

Name GARY STUTZMAN

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

7800 BAYBERRY RD.

City

JACKSONVILLE

FL

Zip Code

32256

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

GARY STUTZMAN GARY STUTZMAN 4/20/01 UP

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, 2001 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 DT ☐ Delete
NAME FULLERTON, ROBERT C.
STREET ADDRESS 7800 BAYBERRY ROAD
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE S ☒ Delete
NAME PATE, MARCIE
STREET ADDRESS 7800 BAYBERRY ROAD
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE V ☐ Delete
NAME REIN, DAVID
STREET ADDRESS 7800 BAYBERRY RD
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE V ☐ Delete
NAME STUTZMAN, GARY
STREET ADDRESS 7800 BAYBERRY RD
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE P ☐ Delete
NAME BAILYS, DAVID
STREET ADDRESS 7800 BAYBERRY RD
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY STUTZMAN 4/20/01

Date

904-737-8500

Daytime Phone #

CR2E034 (10/00)

0023372

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90166 001 ***476.25



DO NOT WRITE IN THIS SPACE