

2002 UNIFORM BUSINESS REPORT (UBR)

0002721

DOCUMENT # **N93000003051**
 1. Entity Name
FIRST COAST BUSINESS INVESTMENT CORPORATION

FILED

02 AUG 16 PM 1:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 218 W ADAMS ST SUITE 504 JACKSONVILLE FL 32202	Mailing Address 218 W ADAMS ST SUITE 504 JACKSONVILLE FL 32202
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2933 Myrtle Ave N.	3. Mailing Address 2933 Myrtle Ave N
---	--

City & State JAX FL	City & State JAX, FL	4. FEI Number 59-3195480	Applied For <input type="checkbox"/>
Zip 32209	Country Duval	Zip 32209	Country Duval

6. Name and Address of Current Registered Agent
**NELSON, TONY
 218 W. ADAMS ST
 SUITE 504
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent
 Name **TONY Nelson**
 Street Address (P.O. Box Number is Not Acceptable)
2933 Myrtle Ave N.
JAX, FL 32209
 City **JAX, FL** Zip Code **FL**

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]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NELSON, TONY D 218 W. ADAMS ST #504 JAX FL 32202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRIGGS, CHARLES 69 COPELAND ST. JAX FL 32206 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, HENRY 218 W. ADAMS ST #504 JAX FL 32202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, CAIN 9390 LEM TURNER RD JACKSONVILLE FL 32208 <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900007290059--1 -08/22/02--01064--009 ****122.50 ****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chairman Janetta Norman 2933 Myrtle Ave N.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director/Treasurer William Sweet 2933 Myrtle Ave N. JAX, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director/Secretary Charles Roundtree 2933 Myrtle Ave N JAX, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JAX, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 8/9/02 904 634-0329

CR2E037 (9/01)