

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000002875**

1. Entity Name

FIRST COAST MICRO LOAN, INC.

FILED

Jun 05, 2002 8:00 am
Secretary of State

05-13-2002 90086 035 ****61.25

Principal Place of Business

Mailing Address

**9143 PHILIPS HIGHWAY
SUITE 350
JACKSONVILLE FL 32256**

**9143 PHILIPS HIGHWAY
SUITE 350
JACKSONVILLE FL 32256**

2. Principal Place of Business

6850 Belfort Oaks Pl.

Suite, Apt. #, etc.

3. Mailing Address

6850 Belfort Oaks Pl.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32216

Country

Zip

32216

Country

4. FEI Number

59-3447122

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROVEDO, BARBARA
9143 PHILIPS HIGHWAY
SUITE 350
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

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

6850 Belfort Oaks Place

City **Jacksonville**

FL

Zip Code **32216**

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

Barbara Rovedo

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.

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**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BALANKY, MICHAEL F	
STREET ADDRESS	5885 UNIVERSITY BLVD W	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WASHINGTON, GLENDA F	
STREET ADDRESS	5592 NORWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BALDWIN, BOB	
STREET ADDRESS	3 INDEPENDENT AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BEITZ, LYNETTE	
STREET ADDRESS	3 INDEPENDENT AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DONALDSON, JANICE	
STREET ADDRESS	4587 ST JOHNS BLUFF RD S	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
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	VD	<input checked="" 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	D	<input checked="" 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		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-3-02

904-923-7065

CR2E037 (9/01)