

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N97000002875

1. Entity Name

FIRST COAST MICRO LOAN, INC.



FILED
Jul 29, 2003 8:00 am
Secretary of State

07-29-2003 90013 017 ****61.25

0001156

Principal Place of Business

**5000-3 NORWOOD AVENUE
JACKSONVILLE FL 32208**

Mailing Address

**5000-3 NORWOOD AVENUE
JACKSONVILLE FL 32208**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3447122**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BALANKY, MICHAEL
5000-3 NORWOOD AVENUE
JACKSONVILLE FL 32208**

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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BALANKY, MICHAEL F
5865 UNIVERSITY BLVD W
JACKSONVILLE FL 32216** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BALDWIN, BOB
3 INDEPENDENT AVE
JACKSONVILLE FL 32202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BEITZ, LYNETTE
3 INDEPENDENT AVE
JACKSONVILLE FL 32202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DONALDSON, JANICE
4567 ST JOHNS BLUFF RD S
JACKSONVILLE FL 32224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

UNIVERSITY BLVD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-03 904-923-7065

Date

Daytime Phone #

CR2E037 (4/03)