

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90005 042 ***150.00

DOCUMENT # P00000014048

1. Entity Name

FIRST COAST OF AUGUSTA, INC.

Principal Place of Business

9951 ATLANTIC BLVD. Ste #235
JACKSONVILLE FL 32225

9951 ATLANTIC BLVD. Ste #235
JACKSONVILLE FL 32225

2. Principal Place of Business

9951 Atlantic Blvd

Suite, Apt. #, etc.

Ste #235

City & State

Jacksonville, FL

Zip

32225

Country

3. Mailing Address

9951 Atlantic Blvd. Ste #235

Suite, Apt. #, etc.

Jacksonville, FL

Zip

32225

Country

4. FEI Number

59-3635300

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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.

SIGNATURE

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Boaven Smith	1644 Duke of Windsor Rd.	Virginia Beach, VA 23454	<input type="checkbox"/>
	Paul Barli	7028 Dallas Road	Brooklyn Center, MN 55430	<input type="checkbox"/>
	Richard Doster	8700 S.W. 125th Terrace	Miami, FL 33176	<input type="checkbox"/>
	Steve Shlemon	4202 W. Swann Ave	Tampa, FL 33609	<input type="checkbox"/>
	John Failor	302 Park Avenue	Portsmouth, VA 23707	<input type="checkbox"/>
	Ridge Sink	8160 Bay Meadows Way W Ste #110	Jacksonville, FL 32256	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SEC	Peter Barli	9951 Atlantic Blvd. Ste #235	Jacksonville, FL 32225	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/29/01 904 725 0887

CR2E034 (10/00)