

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90104 002 ***150.00

DOCUMENT # P00000014048

1. Entity Name
FIRST COAST OF AUGUSTA, INC.



Principal Place of Business
**9951 ATLANTIC BLVD
SUITE 234
JACKSONVILLE FL 32225**

Mailing Address
**9951 ATLANTIC BLVD
SUITE 234
JACKSONVILLE FL 32225**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite #234

Suite, Apt. #, etc.

Suite #234

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3635306

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

**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. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEAVEN, SMITH
1644 DUKE OF WINDSOR ROAD
VIRGINIA BEACH VA 23454** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARLI, PAUL
7028 DALLAS ROAD
BROOKLYN CENTER MN 55430** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DOSTER, RICHARD
8900 SW 125TH TERRACE
MIAMI FL 33176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHLEMON, STEVE
4202 W SWANN AVENUE
TAMPA FL 33609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FAILES, JOHN
302 PARK AVENUE
PORTSMOUTH VA 23707** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SINK, RIDGE
8160 BAY MEADOWS WAY W, STE. 110
JACKSONVILLE FL 32256** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 **904-725-0887**

Date

Daytime Phone #

CR2E034 (10/02)