## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P0000030780 1. Entity Name FIRST COAST TILE AND FLOORS INC. 04-05-2001 90041 018 \*\*\*158.75 Principal Place of Business Mailing Address PO BOX 1693 PO BOX 1693 CALLAHAN FL 32011 CALLAHAN FL 32011 7 60 600 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3634804 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Richard A Johns Jc JOHNS, RICHARD A JR Street Address (P.O. Box Number is Not Acceptable) 2943 CHARLES STREET CALLAHAN FL 32011 1950 Barbara 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. Richard A. Johns Jr. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PID ☐ Addition TITLE ☐ Delete TITLE Richard A .Johns Jr. 1950 Barbara Rd. JOHNS, RICHARD A JR NAME NAME STREET ADDRESS 2943 CHARLES STREET STREET ADDRESS CITY-ST-ZIP Callahan FL 32011 CITY-ST-ZIP CALLAHAN FL 32011 V/O Jenepher Johns 1950 Barbara Rd Change ☐ Addition ☐ Delete TITLE TITLE NAME JOHNS, JENEPHER NAME STREET ADDRESS STREET ADDRESS 2943 CHARLES STREET Callahan FL 32011 CITY-ST-ZIP CALLAHAN FL 32011 CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE Steven L. Johns NAME NAME 5414 Robinwood Circle Callahan FL 32011 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01

9041-3865-4011

Dayt

Daytime Phone #