

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**  
 01-31-2002 90017 016 \*\*\*150.00

**DOCUMENT # P00000034697**

**1. Entity Name**  
**FIRST COAST INTERNET SOLUTIONS, INC.**

**Principal Place of Business**  
 5012 DIAN WOOD DR. EAST  
 JACKSONVILLE FL 32210

**Mailing Address**  
 P.O. BOX 23826  
 JACKSONVILLE FL 32241

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**593644645**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MADDOX, L. MICHAEL**  
**2119 RIVERSIDE AVE.**  
**JACKSONVILLE FL 32204**

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** *PAUL Henry Speer*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

*01/09/2002*

**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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SPEER, PAUL H</b>
STREET ADDRESS	<b>5012 DIAN WOOD DR. EAST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>
TITLE	<b>Secretary</b> <input type="checkbox"/> Delete
NAME	<b>Glenn O. Yearous</b>
STREET ADDRESS	<b>5012 DIAN WOOD DR E.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FLA 32210</b>
TITLE	<b>Board member (sales)</b> <input type="checkbox"/> Delete
NAME	<b>michael J. Fahrenkopf</b>
STREET ADDRESS	<b>5012 DIAN WOOD DR E</b>
CITY-ST-ZIP	<b>JACKSONVILLE FLA 32210</b>
TITLE	<b>Sales consultant mg</b> <input type="checkbox"/> Delete
NAME	<b>michael J. Fahrenkopf</b>
STREET ADDRESS	<b>5012 DIAN WOOD DR E.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FLA 32210</b>
TITLE	<b>Business Consulting mg</b> <input type="checkbox"/> Delete
NAME	<b>ANDY MARKMAN</b>
STREET ADDRESS	<b>300 Boardwalk Dr</b>
CITY-ST-ZIP	<b>Ponte Vedra Beach FLA 32082</b>
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	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Glenn O. Yearous</b>
STREET ADDRESS	<b>5012 DIAN WOOD DR E.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FLA 32210</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>Sales consulting manager</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>michael J. Fahrenkopf</b>
STREET ADDRESS	<b>5012 DIAN WOOD DR E.</b>
CITY-ST-ZIP	<b>JACKSONVILLE</b>
TITLE	<b>Business consulting manager</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANDY mark man</b>
STREET ADDRESS	<b>300 Boardwalk Dr</b>
CITY-ST-ZIP	<b>Ponte Vedra Beach FLA 32082</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:** *Paul Henry Speer* / **PAUL Henry Speer** *1/12/2001* *904 772 3477*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)