

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90123 007 ***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

Same

3. Mailing Address

5012 DIAN wood Dr E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FLA

4. FEI Number **59-3644645**

Applied For
Not Applicable

Zip

Country

Zip

Country

32210

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul H. Speer*
Signature, typed or printed name of registered agent and title if applicable.

President
(NOTE: Registered Agent signature required when reinstating)

3/31/03
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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SPEER, PAUL H**
STREET ADDRESS **5012 DIAN WOOD DR. EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **S** ☐ Delete
NAME **GLENN, YOUUROS**
STREET ADDRESS **5013 DIANWOD DRIVE E**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **SC** ☐ Delete
NAME **MICHAEL, FARENKOPE**
STREET ADDRESS **5012 DIAN WOOD RIVE E**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE *Up. of sale Div.* ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **BC** ☐ Delete
NAME **ANDY, MARKMAN**
STREET ADDRESS **3000 BOARDWALK DRIVE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE *Up of operations* ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *SIGATURE: R. SPEER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03
Date

9047773477
Daytime Phone #

CR2E034 (10/02)