## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 4

## Jun 29, 2001 8:00 am Secretary of State DOCUMENT # P0000036221 1. Entity Name 06-29-2001 90005 038 \*\*\*150.00 FIRST COAST OF TALLAHASSEE, INC. Principal Place of Business WROSE BOLL ASIATLANTIC BLVO. Str. #235 995) ATLANTIC BLVD. STUTT 235 . ADD75443 JACKSONVILLE FL 32225 ACKSONVILLE FL 32225 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 3(0A0(o Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00 TITLE ☐ Delete TITLE Sec Boquen Smuth Peter Barling Blvd Ste #235 NAME wurdsor Rolo STREET ADDRESS STREET ADDRESS 1644 DUCE 23454 CITY-ST-ZIP CITY-ST-ZIP lacksonville, Fl. 32025 ☐ Change Addition TITLE TITLE Smy NAME NAME Windsop STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME Dute of Windsol 2d c STREET ADDRESS STREET ADDRESS CITY-ST-71P BLOCK CITY-ST-7IP TITLE TITLE Change ☐ Addition BODDY SMUDD OF WIRDSON NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete TITLE John Schrowing 7833 Mc Clurch NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. /29/0/

NG OFFICER OR DIRECTOR

FILED

DOCUMENT # POOCO	0036221		War w
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Principal Place of Business  9951 Ablanbic Blvd. #23  Jackson Ville, FL. 32225	Mailing Address RUHIP Bar 15 9951 Ablanbid Jacksonvil	1 i 2 Blvd. \$235 14FL 32225	A0015413
2. Principal Place of Business 1951 Atlantic Blvd -	3. Mailing Address		
Still Apr. Helic 235	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
Jack onville, FL	City & State	·	4. FEI Number Applied For Not Applied bear Not Applied For
72225 CTS	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	ent Registered Agent	<u> </u>	7Name and Address of New Registered Agent
11 (01 DO) - 00 10 U- 21	Medor	Name -	
2005 for assor	2711	Street Addre	ess (P.O. Box Number is Not Acceptable)
Plantabion, FL. 33	J229	-	
		City	FL Zip Code
·		TE: Registered Agent signature req	istered agent, or both, in the State of Florida.  DATE
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