

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90005 040 ***150.00

DOCUMENT # P00000112029

1. Entity Name

FIRST COAST OF COLUMBIA, INC.

Principal Place of Business

Mailing Address

9951 ATLANTIC BLVD Ste #235
 JACKSONVILLE FL 32225

9951 ATLANTIC BLVD Ste #235
 JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

4951 Atlantic Blvd
 Suite, Apt. #, etc.
 Ste 235

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip
 32225

Country

Zip

Country

4. FFL Number

59-3690292

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Beaven Smith	1644 Duke of Windsor Rd	Virginia Beach, VA 43454	<input type="checkbox"/>
	Ridge Sink	8160 Bay meadow way w ste #110	Jacksonville, FL 32256	<input type="checkbox"/>
	Bruce Attinger	19444 East Lake Way	Baton Rouge, LA 70810	<input type="checkbox"/>
	Bobby Smith	1644 Duke of Windsor Rd	Virginia Beach, VA 43454	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Sec Peter Barli	9951 Atlantic Blvd Ste #235	Jacksonville, FL 32225	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (10/00)