

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90074 022 ***150.00

0003649 AV

DOCUMENT # P00000112029

1. Entity Name
FIRST COAST OF COLUMBIA, INC.

Principal Place of Business
~~9951 ATLANTIC BLVD~~
JACKSONVILLE FL 32225

Mailing Address
~~9951 ATLANTIC BLVD~~
JACKSONVILLE FL 32225



2. Principal Place of Business 9951 ATLANTIC BLVD		3. Mailing Address 9951 ATLANTIC BLVD	
Suite, Apt. #, etc. #235		Suite, Apt. #, etc. #235	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32225	Country	Zip 32225	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3690292	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (R.O. Box Number is Not Acceptable)
City
State 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	<input type="checkbox"/> Delete
NAME	D BEAVEN SMITH
STREET ADDRESS	1644 DUKE OF WINDSOR RD
CITY-ST-ZIP	VIRGINIA BEACH VA 43454
TITLE	<input type="checkbox"/> Delete
NAME	D RIDGE SINK
STREET ADDRESS	8160 BAYMEADOW WAY W STE 110
CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> Delete
NAME	D BRUCE ATTINGER
STREET ADDRESS	19444 EAST LAKEWAY
CITY-ST-ZIP	BATON ROUGE LA 70810
TITLE	<input type="checkbox"/> Delete
NAME	D BOBBY SMITH
STREET ADDRESS	1644 DUKE OF WINDSOR RD
CITY-ST-ZIP	VIRGINIA BEACH VA 43454
TITLE	<input type="checkbox"/> Delete
NAME	D Peter Barli
STREET ADDRESS	9951 Atlantic Blvd. Ste. 235
CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Peter Barli* **DATE:** 3/28/02 **DAYTIME PHONE #:** 3/28/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)