

- 2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90015 048 ***150.00

DOCUMENT # P00000114620
1. Entity Name
FIRST COAST NEON, INC.

DO NOT WRITE IN THIS SPACE

425504

2. Principal Place of Business
604 LORN CT.
Suite, Apt. #, etc.

3. Mailing Address
604 LORN CT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORANGE PARK, FL
Zip 32073 **Country**

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ORANGE PARK, FL
Zip 32073 **Country**

4. FEI Number 59-3687159
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name PAM WILSON
Street Address (P.O. Box Number is Not Acceptable)
604 LORN CT
City ORANGE PARK **FL** **Zip Code** 32073

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 Pamela B. Wilson **PAMELA B. WILSON** **DATE** 3-2-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT PAMELA B. WILSON 604 LORN CT. ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. J. MICHAEL WILSON 604 LORN CT ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela B. Wilson **PAMELA B. WILSON** **DATE** 3-2-02 **Daytime Phone #** 904 213 9454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)