

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000011797

1. Entity Name

FIRST COAST TRACTOR SERVICE, INC.



FILED

05 OCT 10 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

270 ESTRELLA AVE #H-4
SAINT AUGUSTINE, FL 32095

Mailing Address

270 ESTRELLA AVE #H-4
SAINT AUGUSTINE, FL 32095

2. Principal Place of Business

10275 Gregory Avenue

Suite, Apt. #, etc.

3. Mailing Address

10275 Gregory Avenue

Suite, Apt. #, etc.



10032005

REIN-P

CR2E098 (6/04)

City & State

Hastings, Florida

Zip

32145

Country

USA

City & State

Hastings, Florida

Zip

32145

Country

USA

4. FEI Number

59-3694415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, VELDA J
270 ESTRELLA AVE #H-4
SAINT AUGUSTINE, FL 32095

7. Name and Address of New Registered Agent

Name
Velda J. Moore

Street Address (P.O. Box Number is Not Acceptable)
10275 Gregory Avenue

City
Hastings

FL

Zip Code
32145

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME MOORE, VELDA J
STREET ADDRESS 270 ESTRELLA AVE #H-4
CITY-ST-ZIP SAINT AUGUSTINE, FL 32095

TITLE VD ☐ Delete
NAME MOORE, BRUCE L
STREET ADDRESS 270 ESTRELLA AVE #H-4
CITY-ST-ZIP SAINT AUGUSTINE, FL 32095

TITLE D ☐ Delete
NAME RELPH, WENDY
STREET ADDRESS 6310 GOMEZ RD
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE ☐ Delete
NAME *[Signature]*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition
NAME Moore, Velda J.
STREET ADDRESS 10275 Gregory Ave.
CITY-ST-ZIP Hastings, FL 32145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400060457814
CITY-ST-ZIP 10/10/05--01079--005 **750.00

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

TITLE V/P Director ☐ Change ☒ Addition
NAME Lakshmi, Nauth
STREET ADDRESS 5329 Jonathan St.
CITY-ST-ZIP Hastings, FL 32145

TITLE ☐ Change ☐ Addition
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:

Velda Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/5

Date

Daytime Phone #