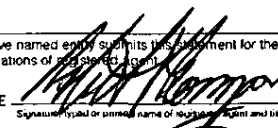
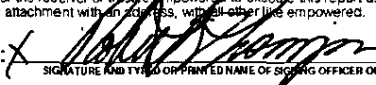


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90365 013 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000060820			
1. Entity Name FIRST COAST CONTRACTING OF JACKSONVILLE, INC.			
Principal Place of Business 4553 WILDERNESS COURT, JACKSONVILLE, FL 32258		Mailing Address 4553 WILDERNESS COURT JACKSONVILLE, FL 32258	
2. Principal Place of Business 6410 WALTHO DR		3. Mailing Address Box 24050	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State Sack. FL	
Zip 32277		Zip 32241	
Country		Country	
4. FEI Number 59-3727228		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, ROBERT E 6410 WALTHO DRIVE JACKSONVILLE, FL 32277		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE Apr 30/03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$350.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
1. PD THOMPSON, ROBERT E 6410 WALTHO DRIVE JACKSONVILLE, FL 32277		☐ Change ☐ Addition	
2. ST CRAWFORD, KELLY 4552 WILDERNESS COURT JACKSONVILLE, FL 32258		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
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, without other like empowered.			
SIGNATURE: 		DATE Apr 30/03 Daytime Phone 904 720 5454	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

20037838



CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)