

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90232 006 ***150.00

DOCUMENT # P02000028223

1. Entity Name

FIRST COAST MORTGAGE, INC.



Principal Place of Business

714 MICKLER BLVD
ST AUGUSTINE FL 32080-6300

Mailing Address

714 MICKLER BLVD
ST AUGUSTINE FL 32080-6300

2. Principal Place of Business

RE SAME 2730-0 US 1 South

3. Mailing Address

RE SAME 2730-0 US 1 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
ST. Augustine FL.

City & State
ST. Augustine, FL.

4. FEI Number

03-0420027

Applied For

Not Applicable

Zip
32086

Country
U.S.

Zip
32086

Country
U.S.

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

WATSON, TODD ESQ

7785 BAYMEADOWS WAY SUITE 107

JACKSONVILLE FL 32256

Name Robert R. Gorick

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

2730-0 U.S. 1 South

City ST. Augustine, FL.

FL

Zip Code
32086

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

Robert R. Gorick

Director - President

2/17/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GORICK, ROBERT R
STREET ADDRESS 714 MICKLER BLVD
CITY-ST-ZIP ST AUGUSTINE FL 32080-6300

☐ Delete

TITLE SAME
NAME
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☐ 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, with all other like empowered.

SIGNATURE:

Robert R. Gorick

2/17/03

904-797-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)