FILED
03 OCT 29 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendments

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000029325

1. Entity Name
FIRST COAST FUNDING OF PALM COAST, INC.

Principal Place of Business	Mailing Address
25 FLORIDA PARK DRIVE, STE. E PALM COAST, FL 32137	25 FLORIDA PARK DRIVE, STE. E PALM COAST, FL 32137

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 75-3082280 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MITCHELL, JEROME D ESQ.
400 SOUTH PALMETTO AVENUE
DAYTONA BEACH, FL 32114

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

FILE BY MAY 1, 2003 FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR's $61.25
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	PVST ☐ Delete	TITLE	Pres. ☒ Change ☐ Addition
NAME	SALLE, BRIAN	NAME	Salle, Brian
STREET ADDRESS	25 FLORIDA PARK DRIVE, STE. E	STREET ADDRESS	25 Florida Park Dr. Ste. E
CITY-ST-ZIP	PALM COAST, FL 32137	CITY-ST-ZIP	Palm Coast FL 32137
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	SALLE, BRIAN	NAME	
STREET ADDRESS	25 FLORIDA PARK DRIVE, STE. E	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32137	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	T, V, S ☐ Change ☒ Addition
NAME		NAME	Ashlee Salle
STREET ADDRESS		STREET ADDRESS	25 Florida Park Dr. Ste. E
CITY-ST-ZIP		CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034 (10/02)

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: [signature] 10/27/03 386-986-2850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #