

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036251

1. Entity Name

FIRST COMMONWEALTH CONSULTANTS, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90044 007 ***150.00

Principal Place of Business

2023 N ATLANTIC AVE. #253
COCOA BEACH FL 32931
US

Mailing Address

2023 N ATLANTIC AVE
SUITE 253
COCOA BCH FL 32931
US

2. Principal Place of Business

3960 S. Banana River Blvd.

3. Mailing Address

2023 N. ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 253

City & State

Cocoa Beach FL

City & State

Cocoa Beach FL

Zip

32931

Country

Brevard

Zip

32931

Country

Brevard



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3185550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWARTSEL, VERNON
% CARLTON, FIELDS
255 SOUTH ORANGE AVENUE, SUITE 1600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name William Burke c/o First Commonwealth

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

3960 S. Banana River Blvd

City

Cocoa Beach

FL

Zip Code

32931

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

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

4/16/01

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	DPS BURKE, DENISE E 2023 N. ATLANTIC AVE., STE. 253 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT BURKE, WILLIAM E 2023 N ATLANTIC AVE. STE 253 COCOA BEACH FL 32931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/01 321-868-2100

CR2E034 (10/00)