2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000036251

1. Entity Name

FIRST COMMONWEALTH CONSULTANTS, INC.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90045 047 ***150.00

Principal Place 3960 SOUTH B COCOA BEACH US	ANANA RIVE I FL 32931	r Boulevard	2023 N PMB 2 COCO US	Mailing Address 2023 N ATLANTIC AVE PMB 253 COCOA BCH FL 32931 US 3. Mailing Address							
2. Principal Pla	ace of Busin	ess 	3. Maii	5. Maining Address							
Suite, Apt. #	t, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		· · ·	City 8	City & State			4. F	4. FEI Number 59-3185550		applied For lot Applicable	
Zip	Country				Count	5. Certificate of Stat		Certificate of Status Desired	Fee Required		
6. Name and Address of Current Registered Agent						Ness	7. N	Name and Address of New Registe	red Agent		
BURKE, WILLIAM 3960 SOUTH BANANA RIVER BOULEVARD						Name Street Address (P.O. Box Number is Not Acceptable)					
C/O FIRST									T	-1-	
COCOA BEACH FL 32931						City			FL Zip Co		
8. The above of the obligation			nt for the purpo	ose of changing its	registere	ed office or regi	stered age	ent, or both, in the State of Florida.	am familiar with	n, and accept	
SIGNATURE _	Signature, typed	or printed name of registered a	igent and title if appl	icable. (NOT	E: Registered	d Agent signature rec	uired when re	einstating) D	ATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees	
10. OFFICERS AND D				DIRECTORS 11.			AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11	
NAME STREET ADDRESS		/ILLIAM E ILANTIC AVE. STE EACH FL 32931	253	☐ Delete	1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	I -	1	,		☐ Change	Addition	
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	*			☐ Celete		I			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	CITY	ET ADDRESS - ST-ZIP	o Coctio	119 07(3)(i) Florida Statutes I furth	Change		

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 excute 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 attack ment with an address, with all of each like empowered.

SIGNATURE;