

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000011081

1. Entity Name

FIRST COAST CARRIERS, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90092 032 ***150.00

Principal Place of Business 9471 BAYMEADOWS ROAD #307 JACKSONVILLE FL 32256	Mailing Address 9471 BAYMEADOWS ROAD #307 JACKSONVILLE FL 32258-2476
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2. Principal Place of Business 11474 COLUMBIA PARK DRIVE W Suite, Apt. #, etc.	3. Mailing Address 11474 COLUMBIA PARK DRIVE W Suite, Apt. #, etc.
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City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL	4. FEI Number 59-3222416	Applied For <input type="checkbox"/> Not Applicable
Zip 32258	Country USA	Zip 32258	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent THIEMAN, JAMES H 9471 BAYMEADOWS ROAD #307 JACKSONVILLE FL 32256	7. Name and Address of New Registered Agent Name JAMES H THIEMAN Street Address (P.O. Box Number is Not Acceptable) 11474 COLUMBIA PARK DR W City JACKSONVILLE FL Zip Code 32258
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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 *James H. Thieman* (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEIMANN, JAMES H 11429 BASKERVILLE RD. JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *James H. Thieman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E034 (9/99)