

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014377

1. Entity Name

FIRST COAST CONTRACTING, INC.

Principal Place of Business

1867 CARAVAN TRAIL
UNIT 108
JACKSONVILLE FL 32216
US

Mailing Address

1941 BIGGERS ROAD
JACKSONVILLE FL 32216
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Unit 104

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3229186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRABTREE, R R
8375 DIX ELLIS TRAIL
SUITE 401
JACKSONVILLE FL 32256

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.

SIGNATURE

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

(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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D DARSEY, RANDALL W 1867 CARAVAN TRAIL, UNIT 104 JACKSONVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	ST DARSEY, DEENA K 1867 CARAVAN TRAIL, UNIT 104 JACKSONVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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

4/25/01

Date

904-720-5454

Daytime Phone #

CR2E034 (10/00)

0016091

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90446 022 ***150.00

00043929



DO NOT WRITE IN THIS SPACE