

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047627

1. Entity Name

FIRST COAST FLEET SERVICES, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90022 010 \*\*\*550.00

Principal Place of Business

2819 PHILLIPS HIGHWAY  
 JACKSONVILLE FL 32207  
 US

Mailing Address

2819 PHILLIPS HIGHWAY  
 JACKSONVILLE FL 32207  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3382532

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ALLEN, BRINTON & SIMMONS, P.A.~~  
~~ONE INDEPENDENT DR.~~  
~~SUITE 3200~~  
~~JACKSONVILLE FL 32202~~

address  
 change

Name

Stoneburner Berry Goldman + Simmons, P.A.

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

225 Water St.

Suite 2050

City Jacksonville FL

FL

Zip Code

32202

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 Sidney S. Simmons II

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

(NOTE: Registered Agent signature required when reinstating)

9/8/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE P ☐ Delete  
 NAME PARSONS, PAUL B  
 STREET ADDRESS 5105-401 PHILLIPS HWY  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP ☐ Delete  
 NAME PARSONS, THERESE W  
 STREET ADDRESS 5105-401 PHILLIPS HWY  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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:

Paul B. Parsons REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00

Date

904-399-5777

Daytime Phone #

CR2E034 (5/00)