2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2819 PHILLIPS HIGHWAY

JACKSONVILLE FL 32207

DOCUMENT # P96000047627

1. Entity Name

Principal Place of Business

2819 PHILLIPS HIGHWAY

JACKSONVILLE FL 32207

FIRST COAST FLEET SERVICES, INC.



FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90229 035 ***150.00

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Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.	4. FEI Number 59-3382532				pplied For		
Zip		Zip Coun					J <u>C</u>			lot Applicable			
Zip Country Zip					·	иу	5.	Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and	d Address of Current R	legistere	d Agent			7.	Name and Address of Nev	v Regist	ered Ag	ent		
					<u> </u>	Name							
STONEBURNER BERRY GOLDMAN & SIMMONS, P.A.						Street Address (P.O. Box Number is Not Acceptable)							
225 WATER STREET													
SUITE 20	50												
JACKSONVILLE FL 32202						City FL Zip C					Zip Cod	de	
B. The above	named entity su	bmits this statement for	the purpo	ose of changing its	registere	ed office or	registered aç	gent, or both, in the State of	Florida.	I am far	niliar with	, and accept	
tne obligat	tions of registered	agent.											
SIGNATURE .	•								 				
	Signature, typed or pri	nted name of registered agent an	d title if appli	cable. (NOTE	: Registere	d Agent signatur	e required when i	reinstating)	1	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Trust Fund Contribu		g 🗆		OO May Be d to Fees		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SECURED REQUIRED

3/28/03

904-399-5777

32E034 (10/02)