

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90011 033 ***150.00

DOCUMENT # P97000038966

1. Entity Name
FIRST COAST ENTERPRISES OF DUVAL, INC.

Principal Place of Business
3047 PLYMOUTH ST
JACKSONVILLE FL 32205-6023
US

Mailing Address
3047 PLYMOUTH ST
JACKSONVILLE FL 32205-6023
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3837 CHURCH ROAD
 Suite, Apt. #, etc.

3. Mailing Address
3837 CHURCH ROAD
 Suite, Apt. #, etc.

City & State
CALLAHAN, FLORIDA
 Zip
32011
 Country
NASSAU

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CALLAHAN, FLORIDA
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4. FEI Number **59-3499955** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUSK, JAMES L
2596 COLLEGE STREET
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name
LUSK, JAMES L
 Street Address (P.O. Box Number is Not Acceptable)
3837 CHURCH RD
 City
CALLAHAN **FL** Zip Code
32011

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 _____ (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, 2002 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LUSK, JAMES L	
STREET ADDRESS	2596 COLLEGE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LUSK, EDNA M	
STREET ADDRESS	2596 COLLEGE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, CELESTA J.	
STREET ADDRESS	2329 PHILLIPS RD	
CITY-ST-ZIP	YULEE FL 32097	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSK, JAMES L	
STREET ADDRESS	3837 CHURCH RD	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSK, EDNA M	
STREET ADDRESS	3837 CHURCH RD	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/02 904-879-7096
 Date Daytime Phone #

CR2E034 (9/01)