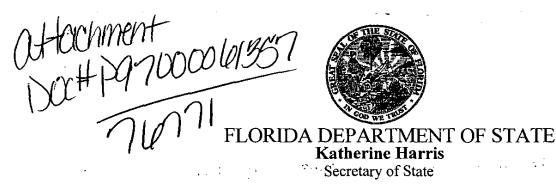
2001 UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2001 8:00 am Secretary of State DOCUMENT # P97000061357 04-18-2001 90292 001 ***750.00 FIRST COAST BBIC, INC. Principal Place of Business Mailing Address 69 COPELAND STREET P.O. BOX 1582 JACKSONVILLE FL 32204 JACKSONVILLE FL 32201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3459257 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NELSON, TONY D Street Address (P.O. Box Number is Not Acceptable) 218 WEST ADAMS STREET JACKSONVILLE FL 32202 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE Delete TITLE ☐ Change NELSON, TONY D NAME MAME STREET ADDRESS STREET ADDRESS 218 WEST ADAMS STREET CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-7IP TITLE ☐ Addition TITLE Oelete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ame - - -☐ Change ☐ Addition TITLE Delete. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition DEF ☐ Delete TITI F ☐ Channe STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 attactment with an address, with all other like empowered. SIGNATURE: UND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



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April 20, 2001

FIRST COAST BBIC, INC. P.O. BOX 1582 JACKSONVILLE, FL 32201

Subject: FIRST COAST BBIC, INC.

Reference

P97000061357

Number:

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$750.00 of which \$150.00 has been designated to file this report. However, the enclosed annual report/uniform business report https://doi.org/10.2016/journal.com/ and a copy is being returned to you for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/tr ANNUAL REPORTS SECTION