

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-20-2003 90053 022 ***150.00

DOCUMENT # P97000085924

1. Entity Name
FIRST COAST FACILITY ENHANCEMENT, INC.



Principal Place of Business
**10926 STEEDING HORSE DR.
JACKSONVILLE FL 32257**

Mailing Address
**10926 STEEDING HORSE DR.
JACKSONVILLE FL 32257**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3491417**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIMM, SHARON
10926 STEEDING HORSE DR.
JACKSONVILLE FL 32257**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHN GRIMM	
STREET ADDRESS	10926 STEEDING HORSE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHARON GRIMM	
STREET ADDRESS	10926 STEEDING HORSE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-03 (904) 357-7207
Date Daytime Phone #

CR2E034 (4/03)

Attachment#

80139363
P97606085924

First Coast Facility Enhancement, Inc.
10926 Steeding Horse Drive
Jacksonville, FL 32257

August 18, 2003

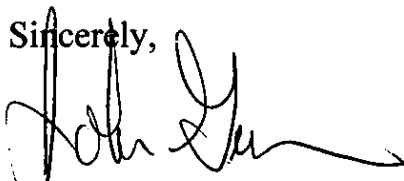
Florida Department of State
Division of Corporations
UBR Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Enclosed is a check for \$150.00 for the filing fee. I did not receive any prior notice of this UBR report and understand that the late fee can be waived.

Thank you for your attention to this matter.

Sincerely,



John Grimm
President

Enclosures