

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90242 049 ***150.00

361651



DO NOT WRITE IN THIS SPACE

| | | | |
|--|-----------------------------------|---|---|
| DOCUMENT # P98000010809 | | | |
| 1. Entity Name FIRST COAST DETAILING, INC. | | | |
| Principal Place of Business 11043 BUGGYWHIP DRIVE JACKSONVILLE FL 32257 | | Mailing Address 11043 BUGGYWHIP DRIVE 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 |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| DOYLE, WILLIAM E ESQ 1301 RIVERPLACE BOULEVARD SUITE 2600 JACKSONVILLE FL 32207 | | 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. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable. | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. | | 11. OFFICERS AND DIRECTORS | |
| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAKER, VALERIE L | NAME | |
| STREET ADDRESS | 11043 BUGGYWHIP DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEPASGUEDE, ANDREW | NAME | |
| STREET ADDRESS | 11043 BUGSY WHIP DR. | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
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| NAME | | NAME | |
| STREET ADDRESS | | 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 attachment with an address, with all other like empowered.

SIGNATURE: Valerie L Baker **4/29/02** **904-262-7226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #