

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011881

1. Entity Name

FIRST COAST RAINGUARD, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90381 040 ***150.00

Principal Place of Business

Mailing Address

~~6819 TANGO LANE S.~~
~~JACKSONVILLE FL 32210~~

~~6819 TANGO LANE S.~~
~~JACKSONVILLE FL 32210 6819~~

2. Principal Place of Business

5151-5 Sunbeam Road

3. Mailing Address

5151-5 Sunbeam Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3500607

Applied For

Not Applicable

Zip

Country

US

Zip

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAHER, HOWARD

~~6819 TANGO LANE S.~~
~~JACKSONVILLE FL 32210~~

Name

Street Address (P.O. Box Number is Not Acceptable)

5151-5 Sunbeam Road

City

Jacksonville

FL

Zip Code
32257

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

Signature, type or printed name of registered agent and title if applicable

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS SHAHER, HOWARD
CITY-ST-ZIP ~~6819 TANGO LANE S.~~
~~JACKSONVILLE FL 32210~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 513 Bay Hollow Ct.
CITY-ST-ZIP Jacksonville, FL 32259-7909

TITLE ☒ Delete
NAME VP
STREET ADDRESS BRANTLEY, RANDY
CITY-ST-ZIP 1029 BOB WHITE
MIDDLEBURG FL 32068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME SEC
STREET ADDRESS SHAHER, CINDY
CITY-ST-ZIP 1029 BOB WHITE
MIDDLEBURG FL 32068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

Daytime Phone #

CR2E034 (9/99)