

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

05-18-2000 90381 040 \*\*\*150.00

**DOCUMENT # P98000011881**

1. Entity Name

**FIRST COAST RAINGUARD, INC.**

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  
 32257 US

Zip Country  
 32257 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 *Howard S. Shafer*

4-28-00

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

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

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

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
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Change  Addition  
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Change  Addition  
 TITLE  
 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: *Howard S. Shafer*

4-28-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)