

2001 UNIFORM BUSINESS REPORT (SBS-1)

FILED
Jul 02, 2001 8:00 am
Secretary of State

07-02-2001 90003 012 ***150.00

DOCUMENT #

1. Entity Name

First Coast of Jax's Beach, Inc.

Principal Place of Business

9951 Atlantic Blvd
Ste 235

Jacksonville, FL 32225

Mailing Address

Peter Barli

9951 Atlantic Blvd
Ste 235

Jacksonville, FL 32225

2. Principal Place of Business

9951 Atlantic Blvd

Suite, Apt. #, etc.

Ste 235

City & State

Jacksonville, FL

Zip

32225

Country

USA

3. Mailing Address

9951 Atlantic Blvd

Suite, Apt. #, etc.

Ste 235

City & State

Jacksonville, FL

Zip

32225

Country

USA

C0072339

DO NOT WRITE IN THIS SPACE

4. FIC Number

59-3295193

Applied For

See Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Mailing 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 name, principal office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent with title (applicable)

(If not, then name of person authorized to sign on behalf of)

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

ADD MAY 1, 2001 Fee will be \$250.00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Beaver Smith	1644 Duke of Windsor Dr.	Virginia Beach, VA 23454	☐
	Ridge Sink	8100 Baymeadows Way W #110	Jacksonville, FL 32256	☐
	Anthony T. Sleiman	6970 Almoura Dr.	Jacksonville, FL 32217	☐
	Eli T. Sleiman	12362 Mandarin Rd.	Jacksonville, FL 32223	☐
	Joseph E. Sleiman	9100 Bayhill Blvd.	Orlando, FL 32819	☐
	Peter D. Sleiman	1644 San Jose Blvd W.	Jacksonville, FL 32217	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
Sec.	Peter Barli	9951 Atlantic Blvd. Ste 235	Jacksonville, FL 32225	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)