

2000 UNIFORM BUSINESS REPORT (UBR)

PS 10/2

DOCUMENT# P98000050401

1. Entity Name
FIRST COAST GUEST SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 PM 6:52

Principal Place of Business
140 MILL COVE LANE
PONTE VEDRA BEACH FL 32082

Mailing Address
140 MILL COVE LANE
PONTE VEDRA BEACH FL 32082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3517895		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DANIEL, MITTI H 140 MILL COVE LANE PONTE VEDRA BEACH FL 32082		Name 800003326818--8 Street Address (P.O. Box Number is Not Acceptable) 07/13/00 01078 001 ****150.00 ****150.00 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 *[Signature]* (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARKS, BRENDA G 8124 7 MILE DR. PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL, MITTI H 140 MILL COVE LANE PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* BRENDA STARKS 7/6/00 904-543-0067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

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FIRST COAST GUEST SERVICES, INC.



Meeting Planning & Hospitality Services
830-13 A1A North, Suite 159
Ponte Vedra Beach, Florida 32082
Ph: (904) 543-0067 Email: FCGService@aol.com

July 6, 2000

Mr. Andy Dunlap
Florida Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

Dear Mr. Dunlap,

Per our conversation today; Once again, I would like to state that we did not receive a First Notice from the Department of State to pay our annual corporation taxes.

We are sending you a check made out for the standard \$150.00 that you had requested.

*We sincerely appreciate your advice and assistance for the upcoming tax season.
Hopefully this mistake will not occur again.*

Once again, thank you.

Sincerely,

Mitti Daniel