

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90222 041 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000050401 1. Entity Name FIRST COAST GUEST SERVICES, INC.					
Principal Place of Business 140 MILL COVE LANE PONTE VEDRA BEACH, FL 32082 US			Mailing Address 140 MILL COVE LANE PONTE VEDRA BEACH, FL 32082 US		
2. Principal Place of Business 6400 San Pablo Rd., S. Suite, Apt. #, etc.		3. Mailing Address 6400 San Pablo Rd., S. Suite, Apt. #, etc.			
City & State Jacksonville, FL Zip 32224		City & State Jacksonville, FL Zip 32224		4. FEI Number 59-3517895	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIEL MITT H 140 MILL COVE LANE PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name Brenda G. Davis Street Address (P.O. Box Number is Not Acceptable) 6400 San Pablo Rd., S. City Jacksonville FL Zip Code 32224		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Brenda G. Davis</u> DATE: <u>2/11/03</u>					
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
10. OFFICERS AND DIRECTORS (continued)			11. 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			TITLE NAME STREET ADDRESS CITY-ST-ZIP Brenda G. Davis X Change 6400 San Pablo Rd., S. Jacksonville, FL 32224		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DANIEL, MITT H 140 MILL COVE LANE PONTE VEDRA BEACH, FL 32082			TITLE NAME STREET ADDRESS CITY-ST-ZIP Mitti H. Daniel X Change 5150 Palm Valley Rd., Ste. 102, Ponte Vedra, FL 32082		
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Brenda G. Davis</u> DATE: <u>2/11/03</u> PHONE: <u>904-223-8369</u>					

CR2E034 (10/02)