

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095411

1. Entity Name

FIRST COAST HOOD CLEANING, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90042 025 \*\*\*150.00

Principal Place of Business

8276 TRIGG ROAD  
HILLIARD FL 32046

Mailing Address

P.O. BOX 325  
HILLIARD FL 32046-0325

2. Principal Place of Business

~~PO BOX 325~~ Rt 4

3. Mailing Address

PO BOX 325

Suite, Apt. #, etc.

8276 TRIGG Rd

Suite, Apt. #, etc.

City & State

Hilliard, FLA.

City & State

Hilliard, FLA.

Zip

32046

Country

FLORIDA

Zip

32046

Country

FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3542374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, HOLT C III  
ONE INDEPENDENT DRIVE  
SUITE 3301  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Street 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 registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, RAYMOND E	
STREET ADDRESS	8276 TRIGG ROAD	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, LINDA C	
STREET ADDRESS	8276 TRIGG ROAD	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)