

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90079 032 ***150.00

DOCUMENT # P98000095411

1. Entity Name

FIRST COAST HOOD CLEANING, INC.



Principal Place of Business

8276 TRIGG ROAD

HILLIARD FL 32046

Mailing Address

P.O. BOX 325

HILLIARD FL 32046

70024463



2. Principal Place of Business

4903 Artesian Blvd.

3. Mailing Address

P.O. BOX 562

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Callahan, FLA.

City & State

Callahan, FLA.

4. FEI Number

59-3542374

Applied For

Not Applicable

Zip

32011

Country

NASSAU

Zip

32011

Country

NASSAU

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

SMITH, HOLT C III

233 EAST BAY STREET

SUITE 930

JACKSONVILLE FL 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS WEBB, RAYMOND E
CITY-ST-ZIP 8276 TRIGG ROAD 4903 Artesian Blvd.
HILLIARD FL 32046 Callahan, FLA. 32011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS WEBB, LINDA C
CITY-ST-ZIP 8276 TRIGG ROAD 4903 Artesian Blvd.
HILLIARD FL 32046 Callahan, FLA. 32011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond E. Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/03

Date

904-766-7444

Daytime Phone #

CR2E034 (10/02)