

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90118 012 \*\*\*150.00

FORM 600 1/01

**DOCUMENT # P99000019035**

1. Entity Name

FIRST COAST FLIGHT SERVICE, INC.



Principal Place of Business

559 CODY DR  
ORANGE PARK FL 32073

Mailing Address

559 CODY DR  
ORANGE PARK FL 32073

2. Principal Place of Business

8353 Firefly Lane

3. Mailing Address

8353 Firefly Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32244

Country

DUVAL

Zip

32244

Country

DUVAL

4. FEI Number

59-3560277

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TADLOCK, TIMOTHY A  
559 CODY DR  
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

HERMAN EUGENE STEELE

Street Address (P.O. Box Number is Not Acceptable)

8353 Firefly Lane

City

Jacksonville, FL

FL

Zip Code

32244

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]*

2/27/03

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

TITLE D  
NAME TADLOCK, TIMOTHY A  
STREET ADDRESS 559 CODY DR  
CITY-ST-ZIP ORANGE PARK FL 32073 ☒ Delete

TITLE ☒ D  
NAME STEELE, HERMAN  
STREET ADDRESS 8353 FIREFLY LANE  
CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.T.S.  
NAME JULIA D. STEELE ☐ Change ☒ Addition  
STREET ADDRESS 8353 FIRE FLY LANE  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☒ D  
NAME STEELE, HERMAN E.  
STREET ADDRESS 8353 FIRE FLY LANE  
CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Change ☐ Addition

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

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

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

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

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:

*[Signature]* REQUIRED

2/27/03

904-779-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)