

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90124 002 ***150.00

DOCUMENT # P99000019049

1. Entity Name
F.E.R.S.T., INC.



Principal Place of Business
**4758 GADARA RD.
KEYSTONE HGHTS FL 32656**

Mailing Address
**6120-10 POWERS AVE #249
JACKSONVILLE FL 32217**



2. Principal Place of Business

**4443 CR 218
Suite, Apt. #, etc.
Suite # 103**

3. Mailing Address

**4443 CR 218
Suite, Apt. #, etc.
Suite #103**

City & State
Middleburg FL

City & State
Middleburg FL

4. FEI Number **59-3561631**

Applied For
Not Applicable

Zip Country
32068 US

Zip Country
32068 US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GILLEY, RANDY H
4758 GADARA RD.
KEYSTONE HGHTS FL 32656**

7. Name and Address of New Registered Agent

Name
Michael N. Schneider
Street Address (P.O. Box Number is Not Acceptable)
5150 Belfort Road
Building 100
City
Jacksonville FL Zip Code
32256

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]*

3/10/03

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	P	<input type="checkbox"/> Delete
NAME	COLVIN, GLENN	
STREET ADDRESS	114 ORCHID AVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GILLEY, RANDY	
STREET ADDRESS	4758 GADARA RD	
CITY-ST-ZIP	KEYSTONE HEIGHTS-FL 32656	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANEL L. Gilley	
STREET ADDRESS	4758 GADARA Rd.	
CITY-ST-ZIP	KEYSTONE Hgts, FL 32656	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randy Gilley	
STREET ADDRESS	4758 GADARA Rd	
CITY-ST-ZIP	KEYSTONE Hgts FL-32656	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENN COLVIN	
STREET ADDRESS	4443 CR 218 suite 103	
CITY-ST-ZIP	Middleburg FL 32068	
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		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03
Date

904-291-9702
Daytime Phone #

CR2E034 (10/02)