

# 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 21B**

Suite, Apt. #, etc.

**Suite # 103**

City & State

**Middleburg FL**

Zip

**32068**

Country

**US**

3. Mailing Address

**4443 CR 21B**

Suite, Apt. #, etc.

**Suite #103**

City & State

**Middleburg FL**

Zip

**32068**

Country

**US**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3561631**

Applied For

Not Applicable

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

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

(NOTE: Registered Agent signature required when reinstating)

**3/10/03**

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** ☐ Delete

NAME **COLVIN, GLENN**  
STREET ADDRESS **114 ORCHID AVE**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **VD** ☐ Delete

NAME **GILLEY, RANDY**  
STREET ADDRESS **4758 GADARA RD**  
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Change ☒ Addition

NAME **JANEL L. Gilley**  
STREET ADDRESS **4758 GADARA Rd.**  
CITY-ST-ZIP **KEYSTONE Hgts, FL 32656**

TITLE **V/S** ☒ Change ☐ Addition

NAME **Randy Gilley**  
STREET ADDRESS **4758 GADARA Rd**  
CITY-ST-ZIP **KEYSTONE Hgts FL-32656**

TITLE **T/D** ☒ Change ☐ Addition

NAME **GLENN COLVIN**  
STREET ADDRESS **4443 CR 21B suite 103**  
CITY-ST-ZIP **Middleburg FL 32068**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Randy Gilley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-11-03**

Date

**904-291-9702**

Daytime Phone #

CR2E034 (10/02)