

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90459 031 ***158.75

DOCUMENT # P99000037273

1. Entity Name

FIRST COAST RENTALS, INC.

Principal Place of Business

**24 N. MARKET STREET
SUITE 405
JACKSONVILLE FL 32202**

Mailing Address

**24 N. MARKET STREET
SUITE 405
JACKSONVILLE FL 32202**

2. Principal Place of Business

4901 ATLANTIC BLVD

3. Mailing Address

4901 ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3587151

Applied For

Not Applicable

Zip

Country

32207

USA

Zip

Country

32207

USA

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

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WETHERHOLD, GARY**
STREET ADDRESS **24 N. MARKET STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☒ Change ☐ Addition
NAME **4901 ATLANTIC BLVD.**
STREET ADDRESS **JACKSONVILLE, FL 32207**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WETHERHOLD, P J**
STREET ADDRESS **24 N. MARKET STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☒ Change ☐ Addition
NAME **4901 ATLANTIC BLVD.**
STREET ADDRESS **JACKSONVILLE, FL 32207**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BELILOS, ELLIOT**
STREET ADDRESS **24 N. MARKET STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☒ Change ☐ Addition
NAME **4901 ATLANTIC BLVD**
STREET ADDRESS **JACKSONVILLE, FL 32207**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BELILOS, MANUELA**
STREET ADDRESS **24 N. MARKET STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☒ Change ☐ Addition
NAME **4901 ATLANTIC BLVD**
STREET ADDRESS **JACKSONVILLE, FL 32207**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SHAW, ROMY**
STREET ADDRESS **24 N. MARKET STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☒ Change ☐ Addition
NAME **4901 ATLANTIC BLVD**
STREET ADDRESS **JACKSONVILLE, FL 32207**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SHAW, JOHN**
STREET ADDRESS **24 N. MARKET STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☒ Change ☐ Addition
NAME **4901 ATLANTIC BLVD**
STREET ADDRESS **JACKSONVILLE, FL 32207**
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: *Jerry R Wetherhold*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

904 291 9223

Daytime Phone #

CR2E034 (10/00)