

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90085 024 ***158.75

DOCUMENT # P99000037273

1. Entity Name
FIRST COAST RENTALS, INC.

Principal Place of Business

**4901 ATLANTIC BLVD
 JACKSONVILLE FL 32207**

Mailing Address

**4901 ATLANTIC BLVD
 JACKSONVILLE FL 32207**

2. Principal Place of Business

5651 Colcord Ave

Suite, Apt. #, etc.

3. Mailing Address

5651 Colcord Ave

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32211

Country

US

Zip

32211

Country

US

4. FEI Number

59-3587151

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name

Gary Ronald Wetherhold

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

5651 Colcord Ave

City

Jacksonville

FL

Zip Code

32211

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, 2002 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

TITLE **D** ☐ Delete
 NAME **WETHERHOLD, GARY**
 STREET ADDRESS **4901 ATLANTIC BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☒ Delete
 NAME **WETHERHOLD, P J**
 STREET ADDRESS **4901 ATLANTIC BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☒ Delete
 NAME **BELILOS, ELLIOT**
 STREET ADDRESS **4901 ATLANTIC BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☒ Delete
 NAME **BELILOS, MANUELA**
 STREET ADDRESS **4901 ATLANTIC BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Delete
 NAME **SHAW, ROMY**
 STREET ADDRESS **4901 ATLANTIC BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Delete
 NAME **SHAW, JOHN**
 STREET ADDRESS **4901 ATLANTIC BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **GARY RONALD WETHERHOLD**
 STREET ADDRESS **5651 Colcord Ave**
 CITY-ST-ZIP **Jacksonville, FL 32211**

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

TITLE **D** ☒ Change ☐ Addition
 NAME **Romy L. SHAW**
 STREET ADDRESS **5651 Colcord Ave**
 CITY-ST-ZIP **Jacksonville, FL 32211**

TITLE **D** ☒ Change ☐ Addition
 NAME **JOHN C. SHAW**
 STREET ADDRESS **5651 Colcord Ave**
 CITY-ST-ZIP **Jacksonville, FL 32211**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)