

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90005 039 ***150.00

DOCUMENT # P99000045407

1. Entity Name

FIRST COAST OF MYRTLE BEACH, INC.

Principal Place of Business

Mailing Address

9951 ATLANTIC BLVD. STE 235
 JACKSONVILLE FL 32225

Peter Barli
 9951 ATLANTIC BLVD. STE 235
 JACKSONVILLE, FL 32225

2. Principal Place of Business

3. Mailing Address

9951 Atlantic Blvd
 Suite, Apt. #, etc.
 Ste 235

Suite, Apt. #, etc.

City & State
 Jacksonville, FL

City & State

4. FEI Number 23-3009750

Applied For

Not Applicable

Zip
 32225

Country
 U.S.

Zip

Country

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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324

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
 NAME SMITH, F B
 STREET ADDRESS 1844 DUKE OF WINDSOR RD
 CITY-ST-ZIP VIRGINIA BEACH VA 23454

TITLE Sec
 NAME Peter Barli
 STREET ADDRESS 9951 Atlantic Blvd Ste #235
 CITY-ST-ZIP Jacksonville, FL 32225

TITLE D
 NAME ATTINGER, FRANK
 STREET ADDRESS 65 PONTE VERDA COLONY CIR
 CITY-ST-ZIP PONTE VERDA FL 32082

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME ATTINGER, BRUCE
 STREET ADDRESS 1944 EAST LAKEWAY
 CITY-ST-ZIP BATON ROUGE LA 70810

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME FAILES, JOHN
 STREET ADDRESS 301 PARK RD
 CITY-ST-ZIP PORTSMOUTH VA 23707

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME BEAMER, FRANK
 STREET ADDRESS 3005 WAKEFIELD DRIVE
 CITY-ST-ZIP BLACKSBURG VA 24060

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME SINK, RIDGE
 STREET ADDRESS 8160 BAYMEADOW WAY WEST #110
 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (10/00)