

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046736

1. Entity Name

FIRST COAST PROPERTY MANAGEMENT, INC.

Principal Place of Business
637 FIRST AVE NORTH
JACKSONVILLE BEACH FL 32250

Mailing Address
P O BOX 50279
JACKSONVILLE BCH FL 32240

2. Principal Place of Business
202 20th Ave, North
Suite, Apt. #, etc.

3. Mailing Address
202 20th Ave, North
Suite, Apt. #, etc.

City & State
Jacksonville Beach, FL

City & State
Jacksonville Beach, FL

Zip Country
32250 USA

Zip Country
32250 USA

4. FEI Number APPLIED FOR
22-3690457

Applied For
Not Applicable

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

WHITE, SHARON K
637 FIRST AVE N
JACKSONVILLE BEACH FL 32250

Name
Street Address (P.O. Box Number is Not Acceptable)
202 20th Ave, North
City Jacksonville Beach FL Zip Code 32250

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 Sharon K White, Secretary
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01
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 PD
NAME SHAILER, HAROLD R
STREET ADDRESS 637 1ST AVE N
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE PD
NAME Harold R. Shailer
STREET ADDRESS 202 20th Ave, N.
CITY-ST-ZIP Jacksonville Beach, FL 32250 ☒ Change ☐ Addition

TITLE STD
NAME WHITE, SHARON K
STREET ADDRESS 209 7TH AVE S
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE STD
NAME Sharon K. White
STREET ADDRESS 202 20th Ave, N.
CITY-ST-ZIP Jacksonville Beach, FL 32250 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Sharon K White Sharon K. White 4/30/01 904-247-8326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90140 046 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)