

From: Kim To: ed

Date: 4/30/2002 Time: 2:44:34 PM

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90081 047 ***150.00

2002

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046736

1. Entity Name
First Coast Property Management, Inc.

660054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2108 North New River DR.		3. Mailing Address P.O. BOX 2370		4. FEI Number not applicable		Applied For <input type="checkbox"/> Not Applicable	
Suits, Apt. #, etc		Suits, Apt. #, etc.		City & State SURF CITY NC		City & State SURF CITY NC	
City & State Surf City NC		City & State SURF CITY NC		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 28445	Country usa	Zip 28445	Country USA				

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

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

City

FL Zip Code

DO NOT WRITE IN THIS SPACE

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* DATE: *4/30/02*

Signature typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when relocating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **NOX**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

January 15 Mail Preference \$150.00
After May 1 Fee is \$50.00
Amended UBR is \$61.25
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	PD	NAME	Shailer, Harold R.	STREET ADDRESS	2108 N. New river DR. Surf City NC 28445
TITLE	STD	NAME		STREET ADDRESS	202 20th AV North Jacksonville Beach FL 32250
TITLE		NAME		STREET ADDRESS	
TITLE		NAME		STREET ADDRESS	
TITLE		NAME		STREET ADDRESS	
TITLE		NAME		STREET ADDRESS	
TITLE		NAME		STREET ADDRESS	

DO NOT WRITE IN THIS SPACE

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 E07, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon K. White* *Sharon K. White* DATE: *4/30/02* ID: *910-279-5040*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)