

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90039 001 \*\*\*150.00

**DOCUMENT # P99000080895**

**1. Entity Name**  
**FIRST COAST ARRANGEMENTS OF FLORIDA, INC.**

**Principal Place of Business**

**9452 PHILIPS HWY**  
**#6**  
**JACKSONVILLE FL 32256**

**Mailing Address**

**9452 PHILIPS HWY**  
**SUITE #6**  
**JACKSONVILLE FL 32256**

**2. Principal Place of Business**

**2801 St. Johns Bluff Rd.**  
**Suite, Apt. #, etc.**  
**#2**

**3. Mailing Address**

**2801 St. Johns Bluff Rd.**  
**Suite, Apt. #, etc.**  
**#2**

**City & State**  
**Jacksonville, FL**

**Zip**  
**32246**

**Country**

**City & State**  
**Jacksonville, FL**

**Zip**  
**32246**

**Country**

**4. FEI Number** **59-3594675**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BORING, BRENDA**  
**3275 TWISTED OAKS LANE**  
**JACKSONVILLE FL 32223-3248**

**7. Name and Address of New Registered Agent**

**Name**  
**Brandon Woods**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**12736 Caribou Court**  
**City** **Jacksonville** **FL** **Zip Code** **32246**

**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** **(Brenda Boring)** **New Agent** **04/15/2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent status is required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**TITLE** **P** ☒ **Delete**  
**NAME** **BORING, BRENDA**  
**STREET ADDRESS** **3275 TWISTER OAKS LANE**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32223**

**TITLE** **VP** ☐ **Delete**  
**NAME** **WOODS, BRANDON**  
**STREET ADDRESS** **12736 CARIBOU CT**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32246**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **President** ☒ **Change** ☐ **Addition**  
**NAME** **Brandon Woods**  
**STREET ADDRESS** **12736 Caribou Court**  
**CITY-ST-ZIP** **Jacksonville, FL 32246**

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

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
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**TITLE** ☐ **Change** ☐ **Addition**  
**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**

**04/15/2002** **904-262-4810**  
**Date** **Daytime Phone #**

CR2E034 (9/01)