

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90115 038 \*\*\*150.00

**DOCUMENT # 580587**

1. Entity Name

**INTRA-COASTAL DELIVERY SERVICE, INC.**

Principal Place of Business

Mailing Address

SW 10TH ST  
 BEACH FL 33069

3341 SW 10TH ST  
 POMPANO BEACH FL 33069-4845  
 US

**801763**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1835912**

Applied For

Not Applicable

Zip

Country

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

**CARDWELL, JAMES E.**  
**3341 SW 10 ST**  
**POMPANO BCH FL 33069**

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, 2000 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

**P**  Delete

NAME

**CARDWELL, JAMES E.**

STREET ADDRESS

**3341 SW 10TH ST**

CITY-ST-ZIP

**POMPANO BCH FL 33069**

TITLE

**ST**  Delete

NAME

**CARDWELL, NANCY R.**

STREET ADDRESS

**3341 SW 10TH ST**

CITY-ST-ZIP

**POMPANO BCH FL 33069**

TITLE

**VP**  Delete

NAME

**CARDWELL, DAVID G.**

STREET ADDRESS

**3341 SW 10TH ST**

CITY-ST-ZIP

**POMPANO BCH FL 33069**

TITLE

**VP**  Delete

NAME

**CARDWELL, JEFFREY**

STREET ADDRESS

**3341 SW 10TH ST**

CITY-ST-ZIP

**POMPANO BCH FL 33069**

TITLE

Delete

NAME

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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 persons empowered.

**SIGNATURE:**

*(Signature)*  
**DAVID CARDWELL**

1/11/00 954/984-2693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)