

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90040 004 ***150.00

DOCUMENT # 580587

1. Entity Name
INTRA-COASTAL DELIVERY SERVICE, INC.

Principal Place of Business 3341 SW 10TH ST POMPANO BEACH FL 33069 US	Mailing Address 3341 SW 10TH ST POMPANO BEACH FL 33069 US
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country

4. FEI Number **59-1835912** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6.-Name and Address of Current Registered Agent
**CARDWELL, JAMES E.
 3341 SW 10 ST
 POMPANO BCH FL 33069**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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, 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 P	<input type="checkbox"/> Delete	<u>TITLE</u> C.E.O. CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARDWELL, JAMES E.		NAME	
STREET ADDRESS 3341 SW 10TH ST		STREET ADDRESS	
CITY-ST-ZIP POMPANO BCH FL 33069		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARDWELL, NANCY R.		NAME	
STREET ADDRESS 3341 SW 10TH ST		STREET ADDRESS	
CITY-ST-ZIP POMPANO BCH FL 33069		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	<u>TITLE</u> PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARDWELL, DAVID G.		NAME	
STREET ADDRESS 3341 SW 10TH ST		STREET ADDRESS	
CITY-ST-ZIP POMPANO BCH FL 33069		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARDWELL, JEFFREY		NAME	
STREET ADDRESS 3341 SW 10TH ST		STREET ADDRESS	
CITY-ST-ZIP POMPANO BCH FL 33069		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: James E. Cardwell Date: 3/22/01 Daytime Phone #: 954/984-2693

CR2E034 (10/00)