

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91284 001 ***750.00

0007857

DOCUMENT # P00000091195

1. Entity Name

INTERCOASTAL MARINE HOLDING CORPORATION

Principal Place of Business

**967 SMOKERISE BLVD
 PORT ORANGE FL 32127**

Mailing Address

**967 SMOKERISE BLVD
 PORT ORANGE FL 32127**

2. Principal Place of Business

244 N. CAUSEWAY

3. Mailing Address

244 N. CAUSEWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH FL

City & State

NEW SMYRNA BEACH FL

4. FEL Number

59-3673010

Applied For

Not Applicable

Zip

32169

Country

USA

Zip

32169

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHAAF, FRANK C
 967 SMOKERISE BLVD
 PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

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, 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

TITLE **D** ☐ Delete
 NAME **SCHAAF, FRANK C**
 STREET ADDRESS **967 SMOKERISE BLVD**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
 NAME **FRANK C. SCHAAF**
 STREET ADDRESS **244 N. CAUSEWAY**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **VICE PRESIDENT** ☒ Change ☒ Addition
 NAME **LUZ M SCHAAF**
 STREET ADDRESS **244 N CAUSEWAY**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **JAY WILSON**
 STREET ADDRESS **244 N. CAUSEWAY**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **SUSAN L. LARSON**
 STREET ADDRESS **244 N. CAUSEWAY**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

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

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

Date

Daytime Phone #

FRANK C. SCHAAF 4-9-01 4441

CR2E034 (10/00)