2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P01000053118 1. Entity Name 04-17-2002 90123 050 ***150.00 Intercoastal Motors & Limo Services, Inc Principal Place of Business Mailing Address 312 12th Terrace 312 12th Terrace Satellite Beach FL 32937 Satellite Beach FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 02-0535372 Not Applicable Zip __ Country Zip .Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Iosif Borca Street Address (P.O. Box Number is Not Acceptable) 312 12th Terrace Satellite Beach FL 32937 City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE Change ☐ Addition ☐ Delete Iosif Borca NAME NAME 312 12th Terrace STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Satellite Beach FL 32937 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ŽIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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Zip		Country	Zip	Coun	try		Certificate of Status Desired		3.75 Add e-Require		
	6. Name	and Address of Current Re	egistered Agent		Name	7.	Name and Address of New Register	ed Age	ent		-
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1520 BOTTLEBRUSH DRIVE NE					Street Ac	aress (P.O. I	Box Number is Not Acceptable)				
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8. The above	named entit	y submits this statement for t	he purpose of changing its	registere	ed office or	registered aç	gent, or both, in the State of Florida.				1
SIGNATURE .	Signature, typeo	or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signatu	re required when r	reinstating) DA1	E			
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cnanged,	or on an atta	achment with an address, wit	ir all other like empowered.								į.

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