

.2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **555622**

1. Entity Name

INTRA-COASTAL PACKING, INC.**FILED**
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90006 001 ***300.00

9602



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3222 S. MILITARY TRAIL LAKE WORTH FL 33463 US	Mailing Address 3222 S. MILITARY TRAIL LAKE WORTH FL 33463-2102 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1765468	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
DUTHLER, LORILEE 3222 S. MILITARY TRAIL LAKE WORTH FL 33463	

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 <i>Lorilee Duthler, PRES.</i>	DATE <i>2/18/00</i>
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, 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
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB DUTHLER, GERALD 5004 OLD OCEAN BLVD. OCEAN RIDGE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUTHLER, RUTH 5004 OLD OCEAN BLVD. OCEAN RIDGE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUTHLER, LORILEE 129 MAYFIELD RD LANTANA FL 33462 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIPMA, GORDON 142 PINE HILL TRAILS W. TEQUESTA FL 33469 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: <i>Lorilee Duthler, PRES</i>	Date: <i>2/18/00</i> (561)964-6020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (9/99)