

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **579839**

1. Entity Name

INTERCOASTAL DISTRIBUTORS, INC.

Principal Place of Business

**1740 S. SEAGRAVE
S. DAYTONA FL 32119-2124**

Mailing Address

**1740 S. SEAGRAVE
S. DAYTONA FL 32119-2124**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**MAHONEY, JOHN T.
1740 S. SEAGRAVE AVE.
S. DAYTONA FL 32019**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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 NAME STREET ADDRESS CITY-STATE-ZIP	PD MAHONEY, JOHN T 4245 S. ATLANTIC AVE. WILBUR BY THE SEA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD WATSON, JOBBIE R JR 1250 WOODMERE WINTER PARK FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD WATSON, JOBBIE R 923 LINCOLN CIRCLE WINTER PARK FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day of the Month

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90083 028 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

4-23-2001 904.761.7454