

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 592126

1. Entity Name

INTERCOAST CONTRACT SPECIALTIES, INC.

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

04-27-2001 90232 015 ***150.00

Principal Place of Business

2198 SW WHITEMARSH WAY
PALM CITY FL 34990
US

Mailing Address

2198 SW WHITE MARSH WAY
PALM CITY FL 34990
US

2. Principal Place of Business

1891 S.W. WILLOWBEND LANE

Suite, Apt. #, etc.

3. Mailing Address

1891 S.W. WILLOWBEND LANE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM CITY

City & State

PALM CITY

4. FEI Number

59-1863137

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KROPORNICKI, RONALD A.
2198 SW WHITEMARSH WAY
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

KROPORNICKI, RONALD A.

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

1891 S.W. WILLOWBEND LANE

City

PALM CITY

FL

Zip Code

34990

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	PD	<input type="checkbox"/> Delete
NAME	KROPORNICKI, RONALD A.	
STREET ADDRESS	2198 SW WHITEMARSH WAY	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

RONALD A. KROPORNICKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

561-286-2826

Daytime Phone #

0439047

CR2E034 (10/00)