

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90270 010 \*\*\*150.00

0608709 AV

**DOCUMENT # 592126**

1. Entity Name  
**INTERCOAST CONTRACT SPECIALTIES, INC.**



Principal Place of Business  
**1891 SW WILLOWBEND LANE  
PALM CITY FL 34990  
US**

Mailing Address  
**1891 SW WILLOWBEND LANE  
PALM CITY FL 34990  
US**



2. Principal Place of Business

**12354 FOREST HIGHLANDS DRIVE**

3. Mailing Address

**12354 FOREST HIGHLANDS DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**DADE CITY, FL**

City & State

**DADE CITY, FL**

4. FEI Number **59-1863137**

Applied For  
Not Applicable

Zip

**33525**

Country

**USA**

Zip

**33525**

Country

**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KROPORNICKI, RONALD A.**

**1891 SW WILLOWBEND LANE 12354 FOREST HIGHLANDS DR**

**PALM CITY FL 34990 DADE CITY, FL 33525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **KROPORNICKI, RONALD A.**  
STREET ADDRESS **1891 SW WILLOWBEND LANE**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition  
NAME **KROPORNICKI, RONALD A.**  
STREET ADDRESS **12354 FOREST HIGHLANDS DR**  
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RONALD A. KROPORNICKI**  
**20 NATI ONAL OFFICER REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/03 352-588-9904**  
Date Daytime Phone #

CR2E034 (10/02)