

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90023 017 \*\*\*150.00

524234



DO NOT WRITE IN THIS SPACE

DOCUMENT # F69704

1. Entity Name  
**INTERCONTINENTAL SALES CORPORATION**

Principal Place of Business Mailing Address  
 SW 12 AVE PO BOX 6549 DELRAY BEACH  
 BEACH FL 33069 DELRAY BEACH FL 33482-6549  
 US

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-2166025** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SCHWEIBISH, SHARON**  
**6582 NEWPORT LAKE CIR**  
**BOCA RATON FL 33496**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**7769 TRIESTE PLACE**  
 City **DELRAY BEACH** FL Zip Code **33446**

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 \_\_\_\_\_ (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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWEIBISH, RALPH 6582 NEWPORT LAKE CIR BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7769 TRIESTE PLACE DELRAY BEACH FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWEIBISH, SHARON 6582 NEWPORT LAKE CIR BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7769 TRIESTE PLACE DELRAY BEACH FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEIBISH, SAMANTHA 6582 NEWPORT LAKE CIR BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7769 TRIESTE PLACE DELRAY BEACH FL 33446
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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 REQUIRED - Pres. Date: 3/8/00 (56) 438-4906

CR2E034 (9/99)