

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077201

1. Entity Name

INTERCOASTAL AUTO TRANSPORT, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90169 050 ***150.00

Principal Place of Business

8422 NOROAD
JACKSONVILLE FL 32210

Mailing Address

8422 NOROAD
JACKSONVILLE FL 32210

2. Principal Place of Business

Same

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

INTERCOASTAL AUTO TRANSPORT

Suite, Apt. #, etc.

P.O. BOX 14856

City & State

JACKSONVILLE FL

Zip

32238

Country

FLORIDA

4. FEI Number

59-3658072

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COUSIN, LARRY D

8422 NOROAD
JACKSONVILLE FL 32210

*MAILING ADDRESS
INTERCOASTAL AUTO TRANSPORT
P.O. BOX 14856
JACKSONVILLE FL
32238*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*PRES
LARRY D COUSIN
8422 NOROAD
JACKSONVILLE, FL 32210*

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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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:

Larry D Cousin (President)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2001 *614 6291*
Date Daytime Phone #

CR2E034 (10/00)