

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90033 033 \*\*\*550.00

**A0082418**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** PG0000092139  
**1. Entity Name**  
 INTERCOASTAL PAINTING COMPANY ✓

**Principal Place of Business** 3333 S Ridgewood #2  
 Port Orange Fl 32119  
**Mailing Address** 3333 S Ridgewood #2  
 Port Orange Fl 32119

**2. Principal Place of Business** 5881 Azalea St  
 Suite, Apt. #, etc.  
**3. Mailing Address** 5881 Azalea St  
 Suite, Apt. #, etc.

**City & State** Pt Orange Fl  
**Zip** 32127 **Country** USA  
**City & State** Pt Orange Fl  
**Zip** 32127 **Country** USA

**4. FEI Number** 59-3673338  
**Applied For** Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 LaFrinere, Joseph,  
 3333 S Ridgewood #2  
 Port Orange Fl 32119

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 5881 Azalea St  
 City Pt Orange FL Zip Code 32127

**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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LaFrinere, Joseph 5881 Azalea St Pt Orange Fl 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:** *Joseph LaFrinere* J. LaFrinere **8-17-2001 386-589-6848**

CR2E034 (11/00)