2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

03 JUN -5 PM 12: 17 DOCUMENT # P02000066785 1. Entity Name INTERCOASTAL AUTOHAUS INC. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 1612 S HARBOR CITY BLVD 1612 S HARBOR CITY BLVD MELBOURNE, FL 32901 MELBOURNE, FL. 32901 Mailing Address - 340 Oxiz 2. Principal Place of Business 3340 Dixic Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES PALM BAY Applied For City & Sia City & State 4. FEI Number Not Applicable SOUNTRY BICUARIO Country \$8.75 Additional 5. Certificate of Status Desired Fee Required SCEVARO Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRISTP JOYNER SWERBILOW, HOWARD M ESQ Street Address (P.O. Box Number Is Not Acceptable) 800 E MERRITT ISLAND CSWY #200 MERRITT ISLAND, FL 32952 ILVERVICE inl MelBourne Beh a. 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 feat stered agent. SIGNATURE 4 والمهااريم ... (NOTE: Registered Agents ignature required when reinstating) BILE NOWILL 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 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PresideNT/VISE KRISTY L JOYNER TITLE ☐ Delete TITLE CRZE034 (10/02 NAME NAME 411 RIVERVIEW CN STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP nelbourne Bch FC 32951 TITLE Delete TITLE Change Addition Addition Sec/TRes JOYNER NAME NAME WILLIAM 411 RIVERVIEW IN STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP MEC BCH FC 32951 TITLE ☐ Delete TOLE ☐ Change ☐ Addition 000020778570 NAME NAME 06/11/03--01051-**150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-2IP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete TITLE ☐ Addition NA ME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 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

ED NAME OF SIGNING OFFICER OR DIRECTOR

HIFD

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-	RE: INTORCOASTAL AUTOHAUS INC.
	187_, INTOUCOASTAC 17010/1803 FAC.
	TO Whom IT MAY CONCERN.
	INTERCOASTAL AUTOMAUS INC. HAS NEVER RECIVED
	ANY MAIL AT CURRENT ADDRESS 1612 SHARBOR
	CITY AND MERRICULE TO 20001 HERO IS AND
	1500 DOUALS FIRING FEE.
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