

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078299

1. Entity Name
INTERCOASTAL TITLE LOAN, INC.

Principal Place of Business
2350 US HWY 1
VERO BEACH FL 33306
US

Mailing Address
2350 US HWY 1
VERO BEACH FL 32960-5329
US

2. Principal Place of Business
124-A North 2nd Street
Suite, Apt. #, etc.

3. Mailing Address
124-A North 2nd Street
Suite, Apt. #, etc.

City & State
Fort Pierce, FL

City & State
Fort Pierce

Zip
34959

Country
USA

Zip
33959

Country
USA

4. FEI Number 65-0779555

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STROUP, JAMES W P.A.
119 SOUTHEAST 12TH STREET
FT LAUDERDALE FL 33316

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 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

TITLE PVP ☐ Delete
NAME KRANZ, HANS E.
STREET ADDRESS 3305 N. INDIAN RIVER DRIVE
CITY-ST-ZIP FORT PIERCE FL 34946

TITLE TS ☒ Delete
NAME WHARTON, JIM
STREET ADDRESS 2821 N. INDIAN RIVER DRIVE
CITY-ST-ZIP FORT PIERCE FL 34946

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90047 044 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)