

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90156 036 ***158.75

DOCUMENT # P97000108038

1. Entity Name

INTERCOASTAL FINANCIAL SERVICES CORP.

Principal Place of Business

780 US HWY ONE
STE 206
N. PALM BCH FL 33408
US

Mailing Address

780 US HWY ONE
STE 206
N. PALM BCH FL 33408
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0816892

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAFFER, ROGER L JR.
2201 CORPORATE BLVD., NW, SUITE 105
BOCA RATON FL 33431

Name

ROGER L. SHAFFER

Street Address (P.O. Box Number is Not Acceptable)

2201 Corporate Blvd, NW, Suite 105

Boca Raton

FL

Zip Code

33431

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

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

(ROGER L. SHAFFER)

4-12-01

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 PD
NAME ZENTZ, ROY C
STREET ADDRESS 16846 128TH TRAIL
CITY-ST-ZIP JUIPTER FL 33478 ☐ Delete

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

TITLE STD
NAME O'LEARY, MARILYN R
STREET ADDRESS 701 ST GILES COURT
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Marilyn R. O'Leary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

561-776-8172

Daytime Phone #

CR2E034 (10/00)