

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90083 021 ***158.75

DOCUMENT # P97000108038

1. Entity Name

**INTERCOASTAL FINANCIAL SERVICES
CORP.**

639980

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

760 US HWY ONE

Suite, Apt. #, etc.

Suite 206

3. Mailing Address

760 US HWY ONE

Suite, Apt. #, etc.

Suite 206

DO NOT WRITE IN THIS SPACE

City & State

N. Palm Beach, FL.

City & State

N. Palm Beach, FL.

4. FEI Number

65-0816892

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

33408

Country

USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **David C. Delaney**

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

16570 Stonehaven Way

City **West Palm Beach**

FL

Zip Code

33412

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

David C. Delaney **David C. Delaney**

4/12/02

Signature typed by printer or name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.D.
Roy C. Zentz
16846 128th Trail
Jupiter, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S.T.D.
Marilyn R. O'Leary
701 St. Giles Court
Palm Beach, Gardens, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marilyn R. O'Leary **Marilyn R. O'Leary** **4/12/02** **561-116-8172**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)