

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90164 022 \*\*\*150.00

**DOCUMENT # P98000019085**  
1. Entity Name  
**INTERCOASTAL DISTRIBUTORS OF NORTH FLORIDA, INC.**



Principal Place of Business  
**10255 FORTUNE PARKWAY  
BLDG 5, SUITE 100  
JACKSONVILLE FL 32256  
US**

Mailing Address  
**1740 SOUTH SEGRAVE STREET  
DAYTONA FL 32119**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3504022**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**BRIM, JOHN  
2425 SOUTH VOLUSIA AVE, B-2  
ORANGE CITY FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAHONEY, JOHN T	
STREET ADDRESS	4245 S ATLANTIC AVENUE	
CITY-ST-ZIP	WILBUR BY THE SEA FL 32127	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WATSON, JOBBIE R JR	
STREET ADDRESS	1250 WOODMERE DR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STONE, STEPHEN J	
STREET ADDRESS	4038 S PENINSULA DRIVE	
CITY-ST-ZIP	WILBUR BY THE SEA FL 32127	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGINLEY, JAMES M	
STREET ADDRESS	4234 S ATLANTIC AVENUE	
CITY-ST-ZIP	WILBUR BY THE SEA FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHONEYW, PATRICK J	
STREET ADDRESS	1885 BERKELEY COURT	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATIN, JR, WILLIAM J	
STREET ADDRESS	30 ZEPHYR LILY TR	
CITY-ST-ZIP	PALM COAST FL 32135	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/2003 386/761-7454  
Date Daytime Phone #

CR2E034 (10/02)