

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033219

1. Entity Name

J & B INTERCOASTAL, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90025 009 ***150.00

Principal Place of Business

Mailing Address

605 LAGOON DRIVE
OVIEDO FL 32765
US

605 LAGOON DRIVE
OVIEDO FL 32765
US

2. Principal Place of Business

1355 Bennett Dr.

3. Mailing Address

1355 Bennett Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#193

#193

City & State

City & State

Longwood FL

Longwood FL

Zip

Country

Zip

Country

32750

USA

32750

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AHL, ROBERT L III
605 LAGOON DRIVE
OVIEDO FL 32765

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
AHL, ROBERT L III
605 LAGOON DRIVE
OVIEDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
PROCTOR, JAMES
605 LAGOON DRIVE
OVIEDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)