

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91147 009 ***150.00

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DOCUMENT # P98000082783

1. Entity Name
INTRACOASTAL REALTY GROUP OF FLORIDA, INC.



Principal Place of Business
**757 SIESTA KEY CIRCLE
SARASOTA FL 34242**

Mailing Address
**757 SIESTA KEY CIRCLE
SARASOTA FL 34242**

2. Principal Place of Business
1828 BOYCE ST.
Suite, Apt. #, etc.

3. Mailing Address
1828 BOYCE ST.
Suite, Apt. #, etc.

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
65-0892403

Applied For
☐ Not Applicable

Zip
34239-3830

Country
USA

Zip
34239-3830

Country
USA

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

6. Name and Address of Current Registered Agent

**SMITH, TOM H
757 SIESTA KEY CIRCLE
SARASOTA FL 34242**

7. Name and Address of New Registered Agent

Name
TOM H SMITH
Street Address (P.O. Box Number is Not Acceptable)
1828 BOYCE ST.

City
SARASOTA FL Zip Code
34239-3830

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

TOM H. SMITH 5-1-03
(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

TITLE
P ☐ Delete
NAME
SMITH, TOM H
STREET ADDRESS
757 SIESTA KEY CIRCLE
CITY-ST-ZIP
SARASOTA FL 34242

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PRESIDENT ☐ Change ☐ Addition
NAME
TOM H. SMITH
STREET ADDRESS
1828 BOYCE ST.
CITY-ST-ZIP
SARASOTA, FL 34239-3830

TITLE
☐ Change ☐ Addition
NAME
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☐ Change ☐ Addition

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03 941-955-0707
Date Daytime Phone #

CR2E034 (10/02)