

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082791

1. Entity Name

INTRACOASTAL INVESTMENT GROUP OF FLORIDA, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90033 043 \*\*\*150.00

Principal Place of Business

631 WATERSIDE WY  
 SARASOTA FL 34242

Mailing Address

631 WATERSIDE WY  
 SARASOTA FL 34242-1249

2. Principal Place of Business

757 SIESTA KEY CR.

3. Mailing Address

757 SIESTA KEY CR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 SARASOTA, FL

City & State  
 SARASOTA, FL

4. FEI Number 65-0892401

Applied For

Not Applicable

Zip Country  
 34242-1415 USA

Zip Country  
 34242-1415 USA

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

SMITH, TOM H  
 631 WATERSIDE WY  
 SARASOTA FL 34242

Name  
 TOM H. SMITH

Street Address (P.O. Box Number is Not Acceptable)  
 757 SIESTA KEY CR.

City  
 SARASOTA

FL 34242-1415

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

4-24-00

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 P  
 NAME SMITH, TOM H  
 STREET ADDRESS 631 WATERSIDE WY  
 CITY-ST-ZIP SARASOTA FL

TITLE PRESIDENT  
 NAME TOM H. SMITH  
 STREET ADDRESS 757 SIESTA KEY CR.  
 CITY-ST-ZIP SARASOTA, FL 34242-1415

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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 #

4-24-00 941-346-6575

CR2E034 19/99