

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91147 007 ***150.00

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DOCUMENT # P98000082791

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



Principal Place of Business
757 SIESTA KEY CR
SARASOTA FL 34242-1249
US

Mailing Address
757 SIESTA KEY CR
SARASOTA FL 34242-1249
US



2. Principal Place of Business
1828 BOYCE ST.

3. Mailing Address
1828 BOYCE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number **65-0892401**

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

7. Name and Address of New Registered Agent

SMITH, TOM H
757 SIESTA KEY CR
SARASOTA FL 34242

Name **TOM H. SMITH**

Street Address (P.O. Box Number is Not Acceptable)
1828 BOYCE ST.

City **SARASOTA**

FL **Zip** **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.

(NOTE: Registered Agent signature required when reinstating)

DATE

TOM H. SMITH

5-1-03

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SMITH, TOM H**
STREET ADDRESS **757 SIESTA KEY CR**
CITY-ST-ZIP **SARASOTA FL 34242-1249**

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

TITLE **VPS** ☐ Delete
NAME **SMITH, LISA B**
STREET ADDRESS **757 SIESTA KEY CR**
CITY-ST-ZIP **SARASOTA FL 34242-1249**

TITLE **VPS** ☐ Change ☐ Addition
NAME **LISA B. SMITH**
STREET ADDRESS **1828 BOYCE ST.**
CITY-ST-ZIP **SARASOTA, FL 34239-3830**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

LISA B. SMITH

5-1-03

941-955-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)