

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State
 08-31-2000 90103 036 ***550.00

DOCUMENT # P99000020416

1. Entity Name
INTERCOSTAL RESOURCES, INC.

Principal Place of Business

400 OCEAN TRAIL APT. 1201
 JUPITER FL 33477

Mailing Address

16290 E. POWER PLACE
 AURORA CO 80015

2. Principal Place of Business

400 OCEAN TRAIL Way
 Suite, Apt. #, etc.
 #1303

3. Mailing Address

Suite, Apt. #, etc.

City & State

JUPITER FL

City & State

Zip
 33477

Country

Zip

Country

4. FEI Number

65-0902304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JECK, PHILIPPE
 1061 EAST INDIANTOWN ROAD
 JUPITER FL 33477-5143

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE ☒ President ☐ Delete
 NAME MAGER, BRYAN P
 STREET ADDRESS 400 OCEAN TRAIL APT. 1201 1303
 CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ Secretary ☐ Delete
 NAME MARSHA MAGER
 STREET ADDRESS 400 OCEAN TRAIL Way #1303
 CITY-ST-ZIP JUPITER, FL 33477

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Marsha Mager
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/2000

CR2E034 (5/00)