FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90040 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051172

1. Entity Name

INTRACOASTAL OF MELBOURNE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
521 W EAU GALLIE BLVD	1270 LAKE WASHINGTON RD
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE C
City & State MELBOURNE FL	City & State MELBOURNE FL
Zip 32935 Country USA	Zip 32935 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59 3679252 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name McCHRYSTAL, PETE

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

1270 LAKE WASHINGTON RD. SUITE C

City MELBOURNE FL Zip Code 32935

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 X

Signature, typed or printed name of registered agent and title if applicable. PETE McCHRYSTAL (NOTE: Registered Agent signature required when reinstating) 4/29/02 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	McCHRYSTAL, PETE - DIRECTOR 1270 LAKE WASHINGTON RD SUITE C MELBOURNE, FL 32935	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	McChrystal, LIZ - DIRECTOR 1270 LAKE WASHINGTON RD SUITE C MELBOURNE, FL 32935	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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: PETE McCHRYSTAL, DIRECTOR

4/29/02 Date — 321-242-7438 Daytime Phone #

CR2E034B (12/01)