

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90068 021 ***163.75

DOCUMENT # S47318

1. Entity Name

INTERCOASTAL CONSTRUCTION SERVICES CORPORATION

Principal Place of Business

18006 ROYAL TREE PARKWAY
 NAPLES FL 34114
 US

Mailing Address

18006 ROYAL TREE PARKWAY
 NAPLES FL 34104-6400
 US

2. Principal Place of Business

160 PLANTATION CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

160 PLANTATION CIRCLE

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

NAPLES, FL.

4. FEI Number

65-0254374

Applied For

Not Applicable

Zip

Country

34104

US

Zip

Country

34104

US

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCMULLIN, JOHN ANTHONY
18006 ROYAL TREE PARKWAY
NAPLES FL 33961

7. Name and Address of New Registered Agent

Name **JOHN A. MCMULLIN SR.**
 Street Address (P.O. Box Number is Not Acceptable)
160 PLANTATION CIRCLE
 City **NAPLES** FL Zip Code **34104**

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 \$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

TITLE **P** ☐ Delete
 NAME **MCMULLIN, JOHN A**
 STREET ADDRESS **18006 ROYAL TREE PARKWAY**
 CITY-ST-ZIP **NAPLES FL 34114**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 **P** ☐ Change ☐ Addition
 NAME **MCMULLIN, JOHN A. SR.**
 STREET ADDRESS **160 PLANTATION CIRCLE**
 CITY-ST-ZIP **NAPLES, FL. 34104**

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

TITLE ☐ Change ☐ Addition
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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: **John A. McMullin Sr.** **JOHN A. MCMULLIN SR.** 1-29-00 (94) 304-16.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #