

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S70679

FILED  
Jul 29, 2002  
Secretary of State

**Entity Name:** INTRACOASTAL REAL ESTATE INC.

**Current Principal Place of Business:**

21870 PALM BEACH BLVD  
P O BOX 368  
ALVA, FL 339200368 US

**New Principal Place of Business:**

**Current Mailing Address:**

21870 PALM BEACH BLVD  
P O BOX 368  
ALVA, FL 339200368 US

**New Mailing Address:**

**FEI Number:** 65-0285271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAUER, TODD ALLEN  
21870 PALM BEACH BLVD  
ALVA, FL 33920

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LAUER, TODD ALLEN,  
Address: 21870 PALM BEACH BLVD  
City-St-Zip: ALVA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD ALLEN LAUER

P

07/29/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date