

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V21370

1. Entity Name

INTERCOASTAL DISTRIBUTORS OF TAMPA BAY, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90129 050 ***150.00

Principal Place of Business

7715 ANDERSON RD
TAMPA FL 33634
US

Mailing Address

1740 SOUTH SEGRAVE STREET
SOUTH DAYTONA FL 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3127374

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAHONEY, JOHN T.
1740 SOUTH SEGRAVE STREET
SOUTH DAYTONA FL 32119

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MAHONEY, JOHN T
STREET ADDRESS 4245 S ATLANTIC AVE
CITY-ST-ZIP WILBUR BY THE SEA FL

TITLE V D ☐ Change ☒ Addition
NAME MAHONEY, PATRICK J.
STREET ADDRESS 1885 BERKELEY CT.
CITY-ST-ZIP MAITLAND FL 32751

TITLE VD ☐ Delete
NAME MAHONEY, DOUGLAS P
STREET ADDRESS 10107 BENNINGTON
CITY-ST-ZIP TAMPA FL 33626

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

TITLE VD ☒ Delete
NAME AUVIL, WILLIAM T
STREET ADDRESS 5100 BURCCHETTE RD
CITY-ST-ZIP TAMPA FL

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

TITLE SD ☐ Delete
NAME STONE, STEPHEN J
STREET ADDRESS 4038 S. PENINSULA DR.
CITY-ST-ZIP WILBUR BY THE SEA FL 32127

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

TITLE TD ☐ Delete
NAME WATSON, JR. J
STREET ADDRESS 1250 WOODMERE
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE VD ☒ Delete
NAME MAHONEY, PATRICK J.
STREET ADDRESS 1885 BERKELEY CT.
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2001

Date

863.884.8453

Daytime Phone #

CR2E034 (10/00)