

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V21370

1. Entity Name

INTERCOASTAL DISTRIBUTORS OF TAMPA BAY, INC.

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90038 010 ***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

Zip

Country

Zip

Country

4. FEI Number 59-3127374

Applied For

Not Applicable

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, 2002 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
NAME MAHONEY, JOHN T. ☐ Delete
STREET ADDRESS 4245 S ATLANTIC AVE
CITY-ST-ZIP WILBUR BY THE SEA FL

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

JOHN T. MAHONEY

Date

Daytime Phone #

04/22/02 386-761-7454

CR2E034 (9/01)