

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90157 013 ***150.00

DOCUMENT # V53060

1. Entity Name

ISLAND COAST DISTRIBUTORS INC.

Principal Place of Business

6741 W SUNRISE BLVD
 STE 5
 PLANTATION FL 33313

Mailing Address

6741 W SUNRISE BLVD
 STE 5
 PLANTATION FL 33313

2. Principal Place of Business

4700 S.W. 51 ST.
 Suite, Apt. #, etc. #219

3. Mailing Address

4700 S.W. 51 ST.
 Suite, Apt. #, etc. #219

City & State

DAVIE FL.

City & State

DAVIE FL.

Zip

33314

Country

USA

Zip

33314

Country

U.S.A.

4. FEI Number

65-0347969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DAVIDSON, SCOTT B
 6741 W SUNRISE BLVD
 STE 5
 PLANTATION FL 33313

7. Name and Address of New Registered Agent

Name DAVIDSON, SCOTT B

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

4700 S.W. 51 ST #219

City DAVIE

FL

Zip Code 33314

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

Scott B. Davidson

SCOTT B. DAVIDSON

PRESIDENT

4/27/01

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

TITLE PD
 NAME DAVIDSON, SCOTT B
 STREET ADDRESS 6741 W SUNRISE BLVD #5
 CITY-ST-ZIP PLANTATION FL 33313 ☐ Delete

TITLE STD
 NAME DAVIDSON, TYM C
 STREET ADDRESS 11580 CHITWOOD DRIVE #105
 CITY-ST-ZIP FT. MYERS FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Scott B. Davidson PRES SCOTT B. DAVIDSON

Date

Daytime Phone #

4/27/01 954-584-9225

CR2E034 (10/00)