

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90165 003 \*\*\*550.00

FORM 1001 1/01

**DOCUMENT # P01000033208**

1. Entity Name  
**PELICAN PETROLEUM, INC.**



Principal Place of Business  
**5640 OLD MYSTIC COURT  
JUPITER FL 33458**

Mailing Address  
**PO BOX 3067  
TEQUESTA FL 33469**



2. Principal Place of Business  
**18895 Pond Cypress Ct.**

3. Mailing Address  
**PO Box 3067**

City & State  
**Jupiter FL**

City & State  
**Tequesta FL**

Zip  
**33458**

Country  
**USA**

Zip  
**33469**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1092701**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FIELDS, GARY D  
ADMIRALTY TOWER - SUITE 700  
4400 PGA BOULEVARD  
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to: Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SETTLES, ALBERT <del>5640 OLD MYSTIC COURT</del> <b>18895 Pond Cypress Ct.</b> JUPITER FL 33458</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD SETTLES, CONNIE <del>5640 OLD MYSTIC COURT</del> <b>18895 Pond Cypress Ct.</b> JUPITER FL 33458</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Connie Settles **CONNIE SETTLES** **7-603 561 575 6125**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)