

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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0041385  
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DOCUMENT # **P98000016161**

1. Entity Name

**PELICAN CAPITAL INVESTMENTS, INC.**



FILED

03 JUL 25 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
C/O DENNIS J. OLLE, ESQ.  
2601 S. BAYSHORE DR., SUITE 1600  
MIAMI FL 33133

Mailing Address  
C/O DENNIS J. OLLE, ESQ.  
2601 S. BAYSHORE DR., SUITE 1600  
MIAMI FL 33133

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **65-0824903**  
Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**DENNIS J. OLLIE, ESQ.**  
**2601 S. BAYSHORE DRIVE**  
**SUITE 1600**  
**MIAMI FL 33133**

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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CC</b> <b>HARPER, ALLEN C</b> <b>1390 SOUTH DIXIE HIGHWAY</b> <b>CORAL GABLES FL 33146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>COSSATO, LOUIS</b> <b>1390 SOUTH DIXIE HIGHWAY</b> <b>CORAL GABLES FL 33146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>SHUFFIELD, RONALD A</b> <b>1390 SOUTH DIXIE HIGHWAY</b> <b>CORAL GABLES FL 33146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MURPHY, LORETTA A CFO</b> <b>1390 SOUTH DIXIE HIGHWAY</b> <b>CORAL GABLES FL 33146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200022164952</b> <b>08/09/03--01029--006 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIG. ALLEN C. HARPER **Allen C. Harper, Chairman** 7/7/03 (305) 667-0990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

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**ADORNO & YOSS**  
A PROFESSIONAL ASSOCIATION  
2601 SOUTH BAYSHORE DRIVE, SUITE 1600  
MIAMI, FLORIDA 33133  
PHONE: (305) 858-5555, FAX: (305) 858-4777  
WWW.ADORNO.COM

MARGARET O'D. RYDER  
LEGAL ASSISTANT

DIRECT LINE: (305) 860-7362  
DIRECT FAX: (305) 858-4777  
EMAIL: [MOR@ADORNO.COM](mailto:MOR@ADORNO.COM)

July 7, 2003

Mr. Tyrone Scott  
Florida Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

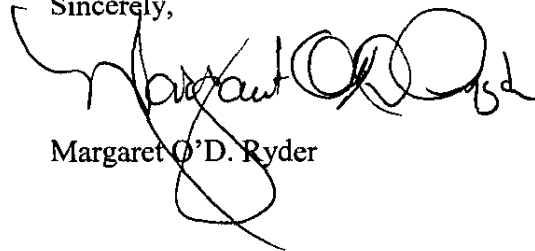
**Re: Pelican Capital Investments, Inc.(the "Company")**  
**2002 Uniform Business Report**

Dear Mr. Scott:

Enclosed herein is the original executed 2003 Uniform Business Report on behalf of the captioned Company. Also enclosed is a Company check in the amount of \$150 to cover the annual filing fee. Please be advised that the 2003 Uniform Business Report for the Company was never received by the Company or this office as a result of a problem with the mailing address. We request at this time that the late fee penalty for the Company be abated, since the Report was not received by the Company timely.

If you have any questions or need additional information, please call me at (305) 860-7362.

Sincerely,



Margaret O'D. Ryder

cc: Loretta A. Murphy (w/enc)