

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90143 004 \*\*\*150.00

**DOCUMENT # P99000075987**

1. Entity Name  
**PELICAN COVE MOTEL, INC.**

Principal Place of Business  
**23275 BAYSHORE RD  
 PORT CHARLOTTE FL 33980**

Mailing Address  
**23275 BAYSHORE RD  
 PORT CHARLOTTE FL 33980**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0944563**

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

**THOMAS, JUDITH K  
 23275 BAYSHORE RD  
 PORT CHARLOTTE FL 33980**

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 \_\_\_\_\_

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>THOMAS, HARRY J</b>         |                                 |
| STREET ADDRESS | <b>23275 BAYSHORE RD</b>       |                                 |
| CITY-ST-ZIP    | <b>PORT CHARLOTTE FL 33980</b> |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>THOMAS, JUDITH K</b>        |                                 |
| STREET ADDRESS | <b>23275 BAYSHORE RD</b>       |                                 |
| CITY-ST-ZIP    | <b>PORT CHARLOTTE FL 33980</b> |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

CR2E034 (4/02)

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: JUDITH K THOMAS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7-15-2002

Daytime Phone # \_\_\_\_\_

Attachment P99000075987/075297

**PELICAN COVE MOTEL**  
23275 BAYSHORE ROAD  
CHARLOTTE HARBOR, FL 33980



7-15-2002

Florida Dept. of State  
Division of Corporations

This is the first notice I received. Thank you for waiving the late fee - as per phone call 7-15-2002. This fee has previously been paid at the time it was received in previous years Thank You - we are using a port Charlotte - FL. Address. with 33980-3212 - Zip Code.

|  |             |
|--|-------------|
| PELICAN COVE MOTEL, INC.<br>REGISTERED IN<br>CHARLOTTE HARBOR, FL<br>FOR STATE | 816484 1343 |
| DATE 3-1-2001  |             |
| Department of State  | \$ 150.00   |
| one hundred and fifty dollars  |             |
| FOR STATE  |             |
| 3/08/01  | 1343 150.00 |