2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURI

658474 DOCUMENT # FILED 1. Entity Name PROUD PELICAN CONSTRUCTION, INC. 03 FEB -6 PM 3: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 15002 CORTEZ BLVD. 15002 CORTEZ BLVD. **BROOKSVILLE FL 34613 BROOKSVILLE FL 34613** 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number *Applied For 59-1984422 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSTON, DARKYL W ESQ. (See letter attach: JOHNSTON, JOSEPH E JR Street Address (P.O. Box Number is Not Acceptable)
29 SOUTH BROOKSVILLE AVENUE 29 SOUTH BROOKSVILLE AVENUE **BROOKSVILLE FL 33512** City FL ^z34661 BROOKSVILLE 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 algorithms required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME PEARSON, DOROTHY G NAME 3258 MINNOW CREEK DR STREET ADDRESS STREET ADDRESS CHPFN34 SPRING HILL FL 34607 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Pearson, Samuel Richard NAME 15002 CORTEZ BLVD. STREET ADDRESS STREET ADDRESS BROOKSVILLE FL 34613 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition PEARSON, STEVEN W NAME NAME STREET ADDRESS 2178 MARINER BLVD STREET ADDRESS SPRING HILL FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TiTt F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZE CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

E@Samuel Richard Pearson, President-01/09/03-352-796-9604

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