

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 689651

1. Entity Name

PELICAN PALMS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90214 050 ***150.00

Principal Place of Business

Mailing Address

#3 HENDRICKS ISLE

1412 SW 13TH CT

~~2460 NORTHWEST 46TH STREET~~

~~2460 NORTHWEST 46TH STREET~~

FT LAUDERDALE FL 33301

POMPANO BEACH FL 33069-4709

US

US

2. Principal Place of Business

#3 Hendricks Isle

3. Mailing Address

1412 SW 13th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Lauderdale, FL

City & State

Pompano Beach, FL

Zip

33301

Country

Broward

Zip

33069-4709

Country

Broward

4. FEI Number

59-2025840

Applied For

Not Applicable

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

SHELLEY, OLIVIA

#3 HENDRICK ISLE

FT LAUDERDALE FL 33301

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.

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)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SHELLEY, OLIVIA
STREET ADDRESS #3 HENDRICKS ISLE
CITY-ST-ZIP FT LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VP
NAME SHELLEY, GEORGE
STREET ADDRESS 1412 SW 13TH COURT
CITY-ST-ZIP POMPANO BEACH FL

☐ Delete

TITLE
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000

Date

(954) 782-3885

Daytime Phone #

CR2E034 (9/99)