

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

0575876 AT

02-12-2002 90032 001 ***900.00

DOCUMENT # 854566

1. Entity Name
THE PELICAN GIFT SHOP CO., INC.

Principal Place of Business
C/O GENE M. PRANZO
230 PARK AVE
NEW YORK NY 10169
US

Mailing Address
C/O GENE M. PRANZO
230 PARK AVE
NEW YORK NY 10169
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2181524		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 *Gene M. Pranzo, Secretary* *Pranzo*
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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
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	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TALFORD, RICHARD S.			NAME			
STREET ADDRESS	C/O GENE M. PRANZO, 230 PARK AVE 26TH FL			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK CITY NY 10169			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TALFORD, DORIS K.			NAME			
STREET ADDRESS	C/O GENE M. PRANZO, 230 PARK AVE 26TH FL			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK CITY NY 10169			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRANZO, GENE M.			NAME			
STREET ADDRESS	230 PARK AVE 26TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK CITY NY 10169			CITY-ST-ZIP			
TITLE	AT TREASURER	<input type="checkbox"/> Delete		TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POTTER, CAROL			NAME			
STREET ADDRESS	C/O GENE M. PRANZO, 230 PARK AVE 26TH FL			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK CITY NY 10169			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Gene M. Pranzo, Secretary* **Gene M. Pranzo** 1-22-02 212-682-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)