2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 07, 2000 8:00 am Secretary of State **DOCUMENT # F46121** 1. Entity Name PELICAN AUTOMOTIVE, INC. 03-07-2000 90091 015 ***150.00 Principal Place of Business Mailing Address 7611 S. TAMIAMI TRL 7611 S. TAMIAMI TRL SARASOTA FL 34231-6839 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address 2235 OKeechobee Sulte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2130550 Jest Palm Not Applicable 33<u>409</u> Country Zip \$8.75 Additional 5. Certificate of Status Desired US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STRODE, WILLIAM 720 S ORANGE AVE SARASOTA FL 33578 ging its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signatur This corporation is eligible to satisfy its Interaction Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete BOX, DAVID F NAME 7611 S. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE DEAN, ROGER NAME NAME 2235 OKACHOBEE BLVD STREET ADDRESS STREET ADDRESS W-PALM BCH,-FL-00000 - --- --- ---CITY-ST-ZIP-CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE DEAN, ROGER NAME NAME 2235 OKACHOBEE BLVD STREET ADDRESS STREET ADDRESS W PALM BCH, FL 00000 CITY-ST-ZIP CITY-ST-ZIP President/Treasurer/Director ☐ Delete TITLE TITLE NAME NAME 2235 Okeechobee Bouleva STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP lest Palm Beach Addition Secretary TITLE ☐ Delete TIT! F Sotten, Julie NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

PATRICIA B.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

561-683-8100