

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000000348**1. Entity Name
PELICANS III, INC.Principal Place of Business
**144 S. NOVA RD.
ORMOND BEACH FL 32174**Mailing Address
**6509 COLLEGE PARK SQUARE
VIRGINIA BEACH VA 23451****FILED**
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90088 003 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3477993**

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

**WALKER, JAMES V
217 PONTE VEDRA PARK DR.
SUITE 200
PONTE VEDRA FL 32082**

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) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
HACKWORTH, MARY
512 MONTEVALE DR.
CHESAPEAKE VA 23322** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
HACKWORTH WOODFORD, MARY
935 S ATLANTIC AVENUE
DAYTONA BEACH, FL 32118** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VI
HACKWORTH, GORDON R
512 MONTEVALE DRIVE
CHESAPEAKE VA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HACKWORTH, BETTY A
512 MONTEVALE DRIVE
CHESAPEAKE VA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☐ 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: Betty A. Hackworth Betty A. Hackworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01
Date757-424-1040
Daytime Phone #

CR2E034 (10/00)