2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # F9800003569 1. Entity Name PELICAN KEY CORPORATION 03-22-2000 90026 042 ***150.00 Principal Place of Business Mailing Address 1858 RINGLING BLVD. 1858 RINGLING BLVD. SARASOTA FL 34236-5917 SARASOTA FL 34236 2. Principal Place of Business 3. Malling Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 98-0189727 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GLENDINNING, RENEA M Street Address (P.O. Box Number is Not Acceptable) 1858 RINGLING BLVD. SARASOTA FL 34236 Zip Code F۱ 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PC Change Addition TITLE TITLE □ Delete **BLATTER, ROGER** NAME NAME STREET ADDRESS 1858 RINGLING BLVD. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP VCVP ☐ Change ☐ Addition Delete TITLE **BLATTER, SUSI** NAME 1858 RINGLING BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP ☐ Change Addition ☐ Delete **BLATTER, SAMUEL** NAME NAME 1858 RINGLING BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE OTT, SANDRA NAME 1858 RINGLING BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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 take 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 trusted employered 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 addless with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

√03/09/00 √++4161 363 4332 Date Daytime Phone #