2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # G85025** 1. Entity Name THE PELICAN LANDSCAPE CO., INC. Principal Place of Business Mailing Address C/O GENE M. PRANZO C/O GENE M. PRANZO 230 PARK AVE 26TH FLOOR NEW YORK NY 10169 230 PARK AVE 26TH FLOOR NEW YORK NY 10169 2. Principal Place of Business 3. Mailing Address

FILED Feb 02, 2001 8:00 am Secretary of State

02-02-2001 90044 001 *1,050.00

44100



City & State Zip Country			City & State			DO NOT WRITE IN THIS SPACE						
						4. FEI Number 13-3202205					plied For	
			Zin	Country							t Applicable	
ΖIÞ		Country	Zip	Country	try 5. Certificate of Status Desired ☐ \$8.75 Addition Fee Required							
	6. Name	and Address of Current R	legistered Agent				7. Name and Address of New Registered Agent					
THE PRENTICE-HALL CORPORATION SYSTEM INC.					Name							
					Street Address (P.O. Box Number is Not Acceptable)							
	HAYS STE	REET		3334			1,001 10 110(110					
	E 105	=										
TALLAHASSEE FL 32301					City Zip Code							
				,					FL -"			
8. The above	named entity	y submits this statement for	the purpose of changing its	registered office	or registerea	l agent, or	both, in the Sta	te of Florida.				
SIGNATURE .												
	Signature, typed	or printed name of registered agent an	nd title if applicable. (NOTE	: Registered Agent sign	ature required wh	en reinstating)		D	ATE			
9. This corpo	oration is eligi	ible to satisfy its Intangible	FILE NOW!	!! FEE IS \$150	0.00						_	
Tax filing requirement and elects to do so.			After MAY 1, 2001 Fee will be \$550.0			10. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fe						
(See criter	ria on back)		Make Check Payab	le to Departme	nt of State		mast rand cor	inibolion.		10060	10 1 663	
11.		OFFICERS AND D	DIRECTORS	12.		ADDITION	S/CHANGES	O OFFICERS	AND DIREC	TORS	IN 11	
TITLE	DS		Delete	TITLE					☐ Ch	ange	☐ Addition	
NAME	PRANZO,	GENE M.		NAME								
STREET ADDRESS	230 PARK	(AVE 26TH FLOOR		STREET ADDRESS								
CITY-ST-ZIP	NEW YOR	RK_NY_10169		CITY-ST-ZIP							~	
TITLE	DVP		☐ Delete	TITLE					🔀 Ch	ange	☐ Addition	
NAME	l	, RICHARD S.		NAME	C/O CE	M TIME	PRANZO,	220 Dx	ים מוג עם	261	1EJ 12T	
STREET ADDRESS CITY-ST-ZIP		(AVE 26TH FLOOR		STREET ADDRESS CITY-ST-ZIP	C/U GE	SNE M.	PRANZO,	230 PA	KK AVE	761	n ru	
		RK NY 10169		_	-						_	
TITLE	DP	2000 1/	☐ Delete	TITLE					🔀 Ch	ange	☐ Addition	
NAME STREET ADDRESS		, DORIS K.		NAME STREET ADDRESS	C/O GE	м эиз	PRANZO,	230 DA	DK VAL	261	ч гт.	
CITY-ST-ZIP		E 26TH FLOOR		CITY-ST-ZIP	[] O G	JINII III.	INAMAO,	250 IA	KK AVE	201	.11 111	
TITLE	AT	RK NY 10169	☐ Delete	TITLE						2000	☐ Addition	
NAME	POTTER,	CAROL	□ Delete	NAME					L L L L L L L L L L L L L L L L L L L	ភាហិជ	☐ Addition	
STREET ADDRESS		AVE 26TH FLOOR		STREET ADDRESS	C/O GE	ENE M.	PRANZO,	230 PA	RK AVE	261	H FL	
CITY-ST-ZIP		RK NY 10169		CITY-ST-ZIP	'		-•					
TITLE	11277 101	ILLIII IVIVY	☐ Delete	TITLE					☐ Ch	ange	Addition	
NAME				NAME	1.							
STREET ADDRESS				STREET ADDRESS								
CITY-ST-ZIP				CITY-ST-ZIP								
TITLE		·	☐ Delete	TITLE					Ch	ange	☐ Addition	
NAME				NAME								
STREET ADDRESS				STREET ADDRESS								
CITY-ST-ZIP				CITY-ST-ZIP								
13 Thereby o	ertify that the	e information supplied with the	his filing does not qualify for	the evernation st	ated in Section	on 119 076	3)(i) Florida Sta	atutee I furthe	r cortify that	the in	formation	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

1-22-01

212-682-3700

Daytime Phone #