

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G85025**

1. Entity Name

THE PELICAN LANDSCAPE CO., INC.**FILED****Feb 02, 2001 8:00 am**
Secretary of State

02-02-2001 90044 001 *1,050.00

0442127

Principal Place of Business

**C/O GENE M. PRANZO
230 PARK AVE 26TH FLOOR
NEW YORK NY 10169
US**

Mailing Address

**C/O GENE M. PRANZO
230 PARK AVE 26TH FLOOR
NEW YORK NY 10169
US****44100**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3202205**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DS PRANZO, GENE M. 230 PARK AVE 26TH FLOOR NEW YORK NY 10169	<input type="checkbox"/>		
DVP TALFORD, RICHARD S. 230 PARK AVE 26TH FLOOR NEW YORK NY 10169	<input type="checkbox"/>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DP TALFORD, DORIS K. PARK AVE 26TH FLOOR NEW YORK NY 10169	<input type="checkbox"/>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
AT POTTER, CAROL 230 PARK AVE 26TH FLOOR NEW YORK NY 10169	<input type="checkbox"/>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> 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: **GENE M. PRANZO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01

Date

212-682-3700

Daytime Phone #

CR2E034 (10/00)