

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91535 041 \*\*\*550.00

**DOCUMENT # G88397**

1. Entity Name  
**PELICAN CONSTRUCTION COMPANY, INC.**

Principal Place of Business  
**4104 HIDDEN ACRES CIRCLE  
 N FORT MYERS FL 33903**

Mailing Address  
**4104 HIDDEN ACRES CT  
 NORT FR. MYERS FL 33903**

2. Principal Place of Business  
**5706 Montilla Dr**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Fort Myers Florida**

City & State

4. FEI Number  
**59-2437328**

Applied For  
 Not Applicable

Zip  
**33919**

Country  
**USA**

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

**BOULTON, BRAD  
 1705 COLONIAL BLVD.  
 UNIT C-4  
 FT. MYERS FL 33990**

Name

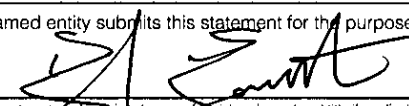
Street Address (P.O. Box Number is Not Acceptable)  
**5706 Montilla Drive**

City  
**Fort Myers**

FL

Zip Code  
**33919**

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  
**4/20/02**

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, 2002 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  
**PD** ☐ Delete  
 NAME  
**BOULTON, BRAD**  
 STREET ADDRESS  
**4104 HIDDEN ACRES CIRCLE**  
 CITY-ST-ZIP  
**N. FT MYERS FL**

TITLE ☒ Change ☐ Addition  
 NAME  
**5706 Montilla Drive**  
 STREET ADDRESS  
**Fort Myers, FL 33919**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/13/02 941-415-3574**

Date

Daytime Phone #

CR2E034 (9/01)