

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90814 033 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10095711

DOCUMENT # H50251			
1. Entity Name PELICAN OF ST. JOHNS CO., INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 308 SOUTH PONCE DE LEON BLVD.		Suite, Apt. #, etc.	
City & State ST. AUGUSTINE FL		City & State	
Zip 32084	Country ST. JOHNS	Zip 32084	Country
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-2523292	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name ROSWELL W. EATON, JR.	
		Street Address (P.O. Box Number is Not Acceptable) 308 S PONCE DE LEON BLVD	
		City ST AUGUSTINE	
		FL Zip Code 32084	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T PATRICIA A. EATON 308 S PONCE DE LEON BLVD ST. AUGUSTINE, FL 32086	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P ROSWELL ROSWELL W. EATON, JR. 308 S PONCE DE LEON BLVD ST. AUGUSTINE, FL 32086	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Patricia A. Eaton</u> officer		4-29-03 904-824-7775	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)