## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 04, 2000 8:00 am Secretary of State **DOCUMENT # J45444** PELLAR PROPERTIES, INC. 03-04-2000 90068 007 \*\*\*150.00 Mailing Address Principal Place of Business C/O ANDREW PELLAR 401 WORTH AVENUE 421 DELERONDE ST. #301 NEW ORLEANS LA 70114-1005 PALM BCH FL 33480 3. Mailing Address 2. Principal Place of Business 201 Verret Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Apt # B City & State Applied For City & State 59-2743054 Not Applicable New Ofleans \$8.75 Additional Zip Country 5. Certificate of Status Desired 701 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **DUNCAN, LLOYD K** Street Address (P.O. Box Number is Not Acceptable) 2193 RINGLING BLVD. SARASOTA FL 34236 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change Delete TITLE TITLE PELLAR, DONALD H. NAME STREET ADDRESS 401 WORTH AVE #301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF PALM BCH FL 33480 ☐ Addition ☐ Delete ☐ Change TITLE PELLAR, MARCIA NAME NAME STREET ADDRESS STREET ADDRESS 401 WORTH AVE. #301 CITY-ST-ZIP CITY-ST-ZIP PALM BCH FL 33480 Change ☐ Addition Delete TITL F TITLE PELLAR, RICHARD A. NAME STREET ADDRESS STREET ADDRESS 401 WORTH AVE #301 CITY-ST-ZIP CITY-ST-7IP PALM BCH FL 33480 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 gignature 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 truspe empowered to execute this report established 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:

SIZNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR