

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # K59429**1. Entity Name
PELICAN HOMES, INC.

Principal Place of Business 12734 S PEMBROKE CIRCLE LAKE SUZY 34226	FL	Mailing Address 12734 S PEMBROKE CIRCLE LAKE SUZY 34226	US	FL
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3055896

Applied For

Not Applicable

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**MCHALEY LORI-NA
2999 S TAMiami TRAILSARASOTA FL
34239

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 _____ **04/18/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	V	<input type="checkbox"/> Delete
NAME	DIEROLF, MARGARETHA	
STREET ADDRESS	1300 ENTERPRISE DR., UNIT C	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEROLF MARGARETHA A	
STREET ADDRESS	12734, SW PEMBROKE CR. NORTH	
CITY-ST-ZIP	LAKE SUZY FL 34266	

TITLE	D	<input type="checkbox"/> Delete
NAME	DIEROLF ERNEST	
STREET ADDRESS	1300 ENTERPRISE DR., UNIT C	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEROLF ERNEST	
STREET ADDRESS	12734, SW PEMBROKE CR. NORTH	
CITY-ST-ZIP	LAKE SUZY FL 34266	

TITLE	PST	<input type="checkbox"/> Delete
NAME	DIEROLF, ERNEST	
STREET ADDRESS	1300 ENTERPRISE DR., UNIT C	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEROLF ERNST	
STREET ADDRESS	12734, SW PEMBROKE CR. NORTH	
CITY-ST-ZIP	LAKE SUZY FL 34266	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: ERNEST DIEROLF

D

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)