

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L21139

1. Entity Name
 Pelican Shore Properties Corp
 2100 Estero Boulevard
 Fort Myers Beach, FL 33931

Principal Place of Business Mailing Address
 2100 Estero Boulevard 2100 Estero Boulevard
 Ft. Myers Beach, FL Ft. Myers Beach, FL
 33931 33931

FILED
 00 MAY -1 PM 12:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address
 2100 Estero Boulevard 2100 Estero Boulevard
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Ft. Myers Beach, FL Ft. Myers Beach, FL

Zip Country Zip Country
 33931 LEE 33931 LEE

4. FEI Number Applied For
 65-0146519 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Pascual Loffreno
 2100 Estero Boulevard
 Ft. Myers Beach, FL 33931

7. Name and Address of New Registered Agent
 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, 2000 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	President* Pascual Loffreno 2100 Estero Boulevard Ft. Myers Beach, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* President and all other positions <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003251561--0 -05/12/00--01143--018 ***150.00 ***150.00
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
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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.

Pascual Loffreno, President
 SIGNATURE: *Pascual Loffreno*
 April 27, 2000 941-463-2999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

SP