

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91512 025 ***150.00

DOCUMENT # L21139

1. Entity Name

Pelican Shore Properties Corporation
2100 Estero Boulevard
Fort Myers Beach, FL 33931

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2100 Estero Blvd

Suite, Apt. #, etc.

3. Mailing Address

2100 Estero Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers Beach, FL

City & State

Ft. Myers Beach, FL

4. FEI Number

65-0146519

Applied For

Not Applied

Zip

33931

Country

LEE

Zip

33931

Country

LEE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Pascual Loffreno

Street Address (P.O. Box Number is Not Acceptable)

2100 Estero Boulevard

City

Ft. Myers Beach,

FL

Zip Code

33931

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May 1
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President *
Pascual Loffreno
2100 Estero Boulevard
Ft. Myers Beach, FL 33931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
* President & All Other
Positions

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Pascual Loffreno

PASCUAL LOFFRENO
President

April 17-2002