

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90510 047 ***150.00

0586119 AV

DOCUMENT # **L99491**

1. Entity Name
PELICAN ENGINEERING CONSULTANTS, INC.



Principal Place of Business
**5811 PELICAN BAY BLVD
SUITE 301
NAPLES FL 34108
US**

Mailing Address
**5811 PELICAN BAY BLVD
SUITE 301
NAPLES FL 34108
US**



2. Principal Place of Business

1660 TRADE CENTER WAY

3. Mailing Address

1660 TRADE CENTER WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0219988

Applied For

Not Applicable

Zip

34109

Country

U.S.

Zip

34109

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHOENFUSS, ARTHUR F
5811 PELICAN BAY BLVD
SUITE 301
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name **ARTHUR F. SCHOENFUSS**
Street Address (P.O. Box Number is Not Acceptable)
1660 TRADE CENTER WAY
City **NAPLES** FL **34109**

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

Arthur F. Schoenfuss
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 24 2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SCHOENFUSS, ARTHUR, F**
STREET ADDRESS **5811 PELICAN BAY BLVD #301**
CITY-ST-ZIP **NAPLES FL 34108**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1660 TRADE CENTER WAY**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur F. Schoenfuss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24 2003

Date

Daytime Phone #

203 597 7544

CR2E034 (10/02)