

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State
 02-03-2001 90296 013 ***150.00

DOCUMENT # M72588

1. Entity Name

PELICAN SPORTSWEAR INC.

Principal Place of Business

Mailing Address

% DENIS COULY

~~12483 SUMMERWOOD DR.~~

~~FT. MYERS FL 33908~~

% DENIS COULY

12483 SUMMERWOOD DR.

FT. MYERS FL 33908

2. Principal Place of Business

1133 ESTERD BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS BEACH

City & State

Zip

33931

Country

USA

Zip

Country

4. FEI Number

65-0048525

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

COULY, DENIS

12483 SUMMERWOOD DR.

FT. MYERS FL 33908

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, 2001 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	DP COULY, DENIS 12483 SUMMERWOOD DR FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COULY, ROSA 12483 SUMMERWOOD DR. FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rosa Couly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/01

Daytime Phone #

941

466-0976

CR2E034 (10/00)