

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90115 045 \*\*\*158.75

**DOCUMENT # M96632**

1. Entity Name  
**PELICAN PETES' MARINE CONSTRUCTION, INC.**



Principal Place of Business  
**9376 88TH ST  
VERO BEACH FL 32967  
US**

Mailing Address  
**P.O. BOX 8081  
VERO BEACH FL 32963  
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**253 FLORIDA AVENUE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. PIERCE, FL**

City & State

Zip  
**34950**

Country  
**ST. LUCIE**

Zip

Country

4. FEI Number  
**65-0072156**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MYERS, PETER  
9376 88TH ST  
VERO BEACH FL 32967**

7. Name and Address of New Registered Agent

Name  
**PETE MYERS**  
Street Address (P.O. Box Number is Not Acceptable)  
**253 FLORIDA AVE**  
City  
**FT. PIERCE** **FL** Zip Code  
**34950**

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 *Pete Myers* **PETE MYERS DP**

**3/7/2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**DP**  
NAME  
**MYERS, PETER**  
STREET ADDRESS  
**9376 88TH ST**  
CITY-ST-ZIP  
**VERO BEACH FL**

☐ Delete

TITLE  
**KELLY MYERS V.P.**  
NAME  
**9376 88th ST**  
STREET ADDRESS  
**VERO BEACH FL 32967**  
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE  
**ST**  
NAME  
**MYERS, KATHLEEN**  
STREET ADDRESS  
**9376 88TH STREET**  
CITY-ST-ZIP  
**VERO BEACH FL 32967**

☐ Delete

TITLE  
**VP**  
NAME  
**SEAN O'CONNOR**  
STREET ADDRESS  
**9376 88th ST**  
CITY-ST-ZIP  
**VERO BEACH**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

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☐ Change

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CITY-ST-ZIP

☐ Change

☐ Addition

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: *Pete Myers* **PETE MYERS, DP**

**3/7/2003 772-460-2323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)