

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001985

1. Entity Name

PEGASUS PROJECT, INC.

Principal Place of Business

616 HICKORY HAMMOCK
CARRABELLE FL 32322

Mailing Address

P O BOX 767
CARRABELLE FL 32322

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DOVE, JOYCE S
924 N GADSDEN ST
TALLAHASSEE FL 32303

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS WALLER, ANDREA
CITY-ST-ZIP 616 HICKORY HAMMOCK LANE
CARRABELLE FL 32322

TITLE ☐ Delete
NAME D
STREET ADDRESS WALLER, JERRY C
CITY-ST-ZIP 616 HICKORY HAMMOCK RD
CARRABELLE FL 32322

TITLE ☐ Delete
NAME D
STREET ADDRESS MCANALLY, BRANDY
CITY-ST-ZIP 616 HICKORY HAMMOCK RD
CARRABELLE FL 32322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 617, 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:

Signature of Andrea Waller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02

Date

850-697-4217

Daytime Phone #

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90007 016 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3503655
Applied For
Not Applicable

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

CR2E037 (9/01)