2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State
03-14-2001 90490 010 ***150.00

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DOCUMENT # P00000023235

1. Entity Name
SILVER PELICAN III, INC

Principal Place of Business	Mailing Address
C/O COAST-TO-COAST INVESTMENT GROUP, INC. 5051 CASTELLO DR., STE. 17 NAPLES FL 34103	C/O COAST-TO-COAST INVESTMENT GROUP, INC. 5051 CASTELLO DR., STE. 17 NAPLES FL 34103

2. Principal Place of Business	3. Mailing Address
c/o COAST-TO-COAST REALTY	COAST-TO-COAST REALTY
Suite, Apt. #, etc.: 11232 TAMIAMI TRAIL N	Suite, Apt. #, etc.: 11232 TAMIAMI TRAIL N
City & State: NAPLES FL	City & State: NAPLES, FL
Zip: 34110-1640 Country: USA	Zip: 34110-1640 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3629633 ☐ 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
ROLLER, PETRA C/O COAST-TO-COAST INVESTMENT GROUP, INC. 5051 CASTELLO DR., STE. 17 NAPLES FL 34103	Name: PETRA ROLLER Street Address (P.O. Box Number is Not Acceptable): c/o COAST-TO-COAST REALTY 11232 TAMIAMI TRAIL N City: NAPLES FL Zip Code: 34110-1640

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] P/R PETRA ROLLER 02/09/01
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	D WITTKOPP, ULRICH 5051 CASTELLO DRIVE STE. 17 NAPLES FL 34103 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WITTKOPP, ULRICH 11232 TAMIAMI TRAIL N NAPLES, FL 34110-1640 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/T WITTKOPP WIEBKE 11232 TAMIAMI TRAIL N NAPLES, FL 34110-1640 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: X [signature] U/W ULRICH WITTKOPP 02-09-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #