

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90228 012 ***550.00

DOCUMENT # P00000039771

1. Entity Name

PELICAN BAY BUILDERS & ASSOCIATES, INC.

Principal Place of Business

**13435 STARFISH DRIVE
HUDSON FL 34667**

Mailing Address

**13435 STARFISH DRIVE
HUDSON FL 34667**

2. Principal Place of Business

13435 STARFISH DR

Suite, Apt. #, etc.

3. Mailing Address

13435 STARFISH DR

Suite, Apt. #, etc.

City & State

Hudson FL

City & State

Hudson FL

4. FEI Number

593637685

Applied For

Not Applicable

Zip **34667**

Country

USA

Zip

34667

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRACEWELL, MICHAEL W
13435 STARFISH DRIVE
HUDSON FL 34667**

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **D** ☐ Delete
NAME **BRACEWELL, MICHAEL W**
STREET ADDRESS **13435 STARFISH DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **D** ☐ Delete
NAME **BRACEWELL, ROXANNE M**
STREET ADDRESS **13435 STARFISH DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0100794 AV

CR2E034 (5/01)