2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000078364 1. Entity Name PELAGOS, INC.						FILED Sep 19, 2003 8:00 am Secretary of State 09-19-2003 90001 042 ***550.00		
Principal Place of Business ROOSA SUTTON ETAL- 1714 CAPE CORAL PKWY E CAPE CORAL FL 33904 2. Principal Place of Business			Mailing Address ROOSA SUTTON ETAL 1714 CAPE CORAL PKWY E CAPE CORAL FL 33904		NE TEN			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4. FEI Number 65-1044891 Applied For Not Applicable		
Zip		Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name	and Address of Current Reg	stered Agent			7. Name and Address of New Registered Agent		
BURANDT, ROBERT B								
	•	.:Burandt, adamski & R	ROLAND Street Address (ldress (F	P.O. Box Number is Not Acceptable)		
	E CORAL		70 110					
CAPE CORAL FL 33904			City			Zip Code		
	named entitions of regist		purpose of changing its re	egistered office or r	registere	ed agent, or both, in the State of Florida. I am familiar with, and accept		
						•		
SIGNATURE .	Signature, typed	or printed name of registered agent and titl	e if applicable. (NOTE:	Registered Agent signatur	e required s	when reinstating) DATE		
After Se	ptember 10	! FEE IS \$550.00 , 2003 Fee will be \$750.00 o Florida Department of Sta	ite			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.		OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16681 MC	CHRISTAKIS CGREGOR BLVD STE 206 ERS FL 33908	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ZOE CGREGOR BLVD STE 206 ERS FL 33908	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE			☐ Delete	TITLE	· · · · · ·	☐ 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 697, 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

NAME.....

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP.

CITY-ST-ZIP

TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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