2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

27 SOUTH ORCHARD STREET STE B

ORMOND BEACH FL 32174

P00000084281 DOCUMENT

Country

6. Name and Address of Current Registered Agent

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

1. Entity Name

Principal Place of Business

ORMOND BEACH FL 32174

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE _

2. Principal Place of Business

27 SOUTH ORCHARD STREET STE B

PELICAN REEF DEVELOPMENT, INC.



Apr 28, 2003 8:00 am \$ Secretary of State \$ 04-28-2003 01 400 000 55 **FILED**

04-28-2003 91488 002 ***150.00

REUROUUT

☐ CHECK HERE IF MAKING	CHANGES							
4. FEI Number	Applied For							
59-3683533	Not Applicable							
	\$8.75 Additional Fee Required							
7 Name and Address of New Registered A	gent							

HAWKINS, DONALD E. % HAWKINS, HAWKINS & BURT	Street Address (P.O. Box Number is Not Acceptable)				
501 S. RIDGEWOOD AVENUE					
DAYTONA BEACH FL 32114	City		Zip Code		
The above named entity submits this statement for the purpose of changing its registers	of office or registered agent, or both, in the State of Florida. La	am fam	iliar with, and accept		

Name

Country

the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State				9. Election Campa Trust Fund Conti	-		00 May Be d to Fees
10.	OFFICERS AND DIRECTO	RS	11.	AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP	PD VISCOMI, VINCENT 27 SOUTH ORCHARD STREET STE B ORMOND BEACH FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
	VPD RATKOVIC, JACK 27 SOUTH ORCHARD STREET STE B ORMOND BEACH FL 32174	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			1 1	☐ Change	☐ Addition
TITLE NAME Street Address City-St-Zip	STD HANSARD, WILLIAM 27 SOUTH ORCHARD STREET STE B ORMOND BEACH FL 32174	Delete	NAME STREET ADDRESS CITY-ST-ZIP	VICE F	RESIDENT	/Sec/it	Change	Addition
STREET ADDRESS	D HEFFERNAN, JOSEPH E JR 905 SHEEHY DRIVE STE II HORSHAM PA 19044	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		444		☐ Change	Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS 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: