## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P01000104673 **DOCUMENT #**

1. Entity Name PELICAN TRADING, INC.							03-26-2003 90156 040 ***150.00	
Principal Place 3100 NE 49TH SUITE 1001 FT LAUDERDAI	ST	3100 Suite	Mailing Address 3100 NE 49TH ST SUITE 1001 FT LAUDERDALE FL 33308					
2. Principal Pl	ace of Business	3. Mai	3. Mailing Address				-	
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
City & State	3	City	City & State				4. FEI Number 65-1151564 Applied For Not Applicable	
Zip Country			Zip Coun				5. Certificate of Status Desired	
6. Name and Address of Current			Registered Agent				7. Name and Address of New Registered Agent	
Name							Anguithment or introduction	
SISSON, LARRY					Street Address (RC 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
218 SOUTHERN COUNTRY LANE						<u> </u>	FI LAUDERDALE FL 33308	
QUINCY FL 32351				,	City		Zip Code	
**************************************					egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
the obligati	Signature, typed or printed name of registere	d agent and we if app	Strauss	_			d when reinstating)  3/22/0 3 DATE	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							Trust Fund Contribution. Added to Fees	
10.		S AND DIRECTO					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	PD Delete STRAUSS, FREDERICK H 3100 NE 49TH ST SUITE 1001 FT LAUDERDALE FL 33308					☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS			☐ Delete		I .	-	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	المراجع والمراجع والم	eria an i - gariliar - 🖚	☐ Delete	NAM STRE	É	<u> </u>	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	☐ Delete			-	☐ 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT

☐ Delete

**FILED** 

Mar 26, 2003 8:00 am Secretary of State

☐ Change

Addition