

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90080 029 ***150.00

DOCUMENT # P02000043067

1. Entity Name

PEGASUS REAL ESTATE ENTERPRISES, INC.



Principal Place of Business

**2831 RINGLING BLVD., STE. D-113
SARASOTA FL 34237**

Mailing Address

**2831 RINGLING BLVD., STE. D-113
SARASOTA FL 34237**

2. Principal Place of Business

6143 BLAKEFORD DRIVE

Suite, Apt. #, etc.

3. Mailing Address

6143 BLAKEFORD DRIVE

Suite, Apt. #, etc.

City & State

WINDERHIRE FLORIDA

City & State

WINDERHIRE FLORIDA

Zip

34786

Country

USA

Zip

34786

Country

USA

4. FEI Number

03-0436588

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, HUGH

**2831 RINGLING BLVD., STE. D-113
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name

MIRANDA J. DALE

Street Address (P.O. Box Number is Not Acceptable)

6143 BLAKEFORD DRIVE

City

WINDERHIRE

FL

Zip Code

34786

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

H. J. Dale

01/15/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete
NAME **MIRANDA J. DALE**
STREET ADDRESS **6143 BLAKEFORD DRIVE**
CITY-ST-ZIP **WINDERHIRE, FLORIDA 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/03

Date

Daytime Phone #

CR2E034 (10/02)