

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**  
05-01-2003 90828 034 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000062545

1. Entity Name

Lake Worth Pelican Restaurant, Inc.



**DO NOT WRITE IN THIS SPACE**

90119066

2. Principal Place of Business  
610 Lake Ave.

3. Mailing Address  
610 Lake Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Lake Worth, FL

City & State  
Lake Worth, FL

4. FEI Number 04-3683521

Applied For  
Not Applicable

Zip 33460

Country

Zip 33460

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name James Dinallo

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

610 Lake Ave.

City Lake Worth

FL

Zip Code 33460

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	P V T D James Dinallo 610 Lake Ave. Lake Worth, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pam Dinallo 610 Lake Ave. Lake Worth, FL 33460
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**DO NOT WRITE  
IN THIS SPACE**

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 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 #

CR2E034B (12/02)