

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000075217

FILED
Sep 02, 2003
Secretary of State

Entity Name: PELICAN REAL ESTATE & DEVELOPMENT WEST, INC.

Current Principal Place of Business:

3298 SUMMIT BLVD., STE. 8-A
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

3298 SUMMIT BLVD., STE. 8-A
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 54-2067089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN H. WATSON, P.A.
5365 E. CO. HWY. 30-A, STE. 105
SEAGROVE BEACH, FL 32459 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: CARTER, JEANNE M
Address: 75 WEST HODGE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STD () Delete
Name: BASS, THEREFA M
Address: 9654 KAUAI COURT
City-St-Zip: GULF BREEZE, FL 32563

Title: VD () Delete
Name: SMITH, WILLIAM H
Address: 449 WATERVIEW COVE DRIVE
City-St-Zip: FREEPORT, FL 32439

Title: D () Delete
Name: BASS, MICHAEL T
Address: 825 BAYSHORE DRIVE, #706
City-St-Zip: PENSACOLA, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BASS, THEREFA M
Address: 9654 KAUAI COURT
City-St-Zip: GULF BREEZE, FL 32563

Title: PD (X) Change () Addition
Name: SMITH, WILLIAM H
Address: 449 WATERVIEW COVE DRIVE
City-St-Zip: FREEPORT, FL 32439

Title: STD (X) Change () Addition
Name: BASS, MICHAEL T
Address: 825 BAYSHORE DRIVE, #706
City-St-Zip: PENSACOLA, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. SMITH

PD

09/02/2003

Electronic Signature of Signing Officer or Director

Date