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CR2E034 (10/02)

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 04, 2003 8:00 am Secretary of State P02000125947 DOCUMENT # 04-04-2003 90108 029 ***150.00 1. Entity Name PELICAN YACHT SALES, INC. Principal Place of Business Mailing Address 1727 S.E. 45TH STREET 1727 S.E. 45TH STREET CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address SE ISTH Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES CAPE CORA 4. FEI Number-Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UCC FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE. STE. 200 TALLAHASSEE FL 32302 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE PTD TITLE Change Addition NAME MATEJKA, MARY K NAME 1007 SE 12TH CT #B STREET ADDRESS STREET ADDRESS 6794 SCENIC WOODS DRIVE CITY-ST-ZIP VALLEY CITY OH 44280 CITY-ST-ZIP CAPE CORAL FL 33990 TITLE SVD ☐ Delete TITLE Change Addition NAME NAME MATEJKA, RUDOLPH T 1007 SE 12TH CT #B STREET ADORESS STREET ADDRESS .6794 SCENIC WOODS DRIVE CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33990 VALLEY CITY OH 44280 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Addition ☐ Channe NAME

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 off

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP