

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

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90017 039 ***158.75

DOCUMENT #

1. Entity Name

Pegasus Land Corp



DO NOT WRITE IN THIS SPACE

94010463

2. Principal Place of Business

9550 S Ocean Dr

3. Mailing Address

PO Box 2513

Suite, Apt. #, etc.

#1806

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jensen Bch, FL

City & State

STUART, FL

4. FEI Number

65-0899028

Applied For

Not Applicable

Zip

34957

Country

USA

Zip

34995

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHRISTINE E. MORENO, ESQ

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

4450 SE Federal Hwy

City

STUART

FL

Zip Code

34997

**DO NOT WRITE
IN THIS SPACE**

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

PD
ANNE SILKA
PO Box 2513
STUART, FL 34997

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 #

1/26/04 772-285-7850

CR2E034B (12/02)