

5/12/201

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-12-2002 90639 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000073449**

1. Entity Name
THE FAT PELICAN OF MARCO, INC.

Principal Place of Business Mailing Address

571 S COLLIER BLVD **721 PARTRIDGE COURT**
MARCO ISLAND FL 34145 **MARCO ISLAND FL 33937**
US



2. Principal Place of Business 3. Mailing Address

591 S Collier Blvd Suite, Apt #, etc.

Marco Island FL City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

65-0446190 Not Applicable

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

6. Name and Address of Current Registered Agent

LARSON, KAREN A
885 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent

Name **Bill Morrissey**
 Street Address (P.O. Box Number is Not Acceptable) **247 N Collier Blvd**
Marco Is FL 34145
 City **FL** 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

SIGNATURE: *[Signature]*

Signature, typed or printed name of registered agent and (if it is a director) (NOTE: Registered agent signature required when retires: PFD) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SLAWIK, CATHERINE C	721 PARTRIDGE COURT	MARCO ISLAND FL 33937	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Catherine C Slawik* **PREPARED CATHERINE C SLAWIK PRES 4-24-02/6426206**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E004 (9/01)