

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90129 019 ***150.00

DOCUMENT # P94000071284

1. Entity Name

PELICAN MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 1692~~
PINELLAS PARK FL 34664

~~P.O. BOX 1692~~
PINELLAS PARK FL 34664

2. Principal Place of Business

PO Box 212185

3. Mailing Address

PO Box 212185

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST Palm Beach FL

City & State

WEST Palm Beach FL

Zip **33421-2185** Country **USA**

Zip **33421-2185** Country **USA**

4. FEI Number

59-3276842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVE.
SUITE 200
TALLAHASSEE FL 32301

Name

Keith Newman

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

3535 EAST AVE N-

City

ST. Petersburg FL

Zip Code

33713

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

Keith Newman

Keith Newman

8/17/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Delete
NAME **EICHHOF, KATHARINA**
STREET ADDRESS **P.O. BOX 1692 N/A**
CITY-ST-ZIP **PINELLAS PARK FL 34664**

TITLE **PRESIDENT** ☒ Change ☒ Addition
NAME **CRUZ, JAMES L.**
STREET ADDRESS **PO Box 212185**
CITY-ST-ZIP **WEST Palm Beach FL 33421-2185**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Keith Newman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (561) 389-5596

Date

Daytime Phone #

CR2E034 (10/00)