

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90085 042 \*\*\*150.00

**DOCUMENT # P95000040255**

1. Entity Name  
**PELICO CORP.**

Principal Place of Business  
**24970 GOLDCREST DRIVE**  
**BONITA SPRINGS FL 34134**

Mailing Address  
**24970 GOLDCREST DRIVE**  
**BONITA SPRINGS FL 34134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0588420**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**FLOTO, UWE**  
**24970 GOLDCREST DRIVE**  
**BONITA SPRINGS FL 34134**

## 7. Name and Address of New Registered Agent

Name

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

## 11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **FLOTO, UWE**  
 STREET ADDRESS **24970 GOLDCREST DR.**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☐ Delete  
 NAME **FLOTO, ULRKE**  
 STREET ADDRESS **24970 GOLDCREST DR.**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☒ Delete  
 NAME **KAY, MICHAELA**  
 STREET ADDRESS **HOMBURGER STR. 8 II**  
 CITY-ST-ZIP **14197 BERLIN GERMANY**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
 NAME **KAY, MICHAELA**  
 STREET ADDRESS **FLAT 3, 193 HUMMERSMITH GROVE**  
 CITY-ST-ZIP **LONDON W6 ONP, ENGLAND**

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

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

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

TITLE ☐ Change ☐ Addition  
 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:

**SIGNATURE REQUIRED (UWE FLOTO)**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/2002**

**94-949-9/49**

Date

Daytime Phone #

CR2E034 (9/01)