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

DOCUMENT #

P95000040255

1. Entity Name PELICO CORP.



Mar 17, 2003 8:00 am & Secretary of State **FILED**

03-17-2003 91051 005 ***150.00

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
24970 GOLDCREST DR 4. FEI Number



CHECK HERE IF MAKING CHANGES

65-0588420

FLOTO, UWE

24970 GOLDCREST DRIVE **BONITA SPRINGS FL 34134**

5. Certificate of Status Desired

Not Applicable \$8.75 Additional

Applied For

Fee Required 7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

Name

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

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

\$5.00 May Be

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition CR2E034 (10/02) TITLE ☐ Delete TITLE FLOTO, UWE NAME NAME 24970 GOLDCREST DR. MBURGER STR & AUTO STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition FLOTO, ULRIKE NAME NAME 24970 GOLDCREST DR. STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition KAY, MICHAELA NAME FLAT 3, 193 HUMMERSMITH GROVE STREET ADDRESS STREET ADDRESS LONDON W60NP, ENGLAND CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attachme

SIGNATURE: