

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028097

1. Entity Name

PELAGIC DEVELOPMENT, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90028 035 ***150.00

Principal Place of Business

55 BAYBRIDGE DR.
GULF BREEZE FL 32561

Mailing Address

55 BAYBRIDGE DR.
GULF BREEZE FL 32561-4468

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2090558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURR, TIMOTHY F
55 BAYBRIDGE
GULF BREEZE FL 32561

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

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	BURR, TIMOTHY F	
STREET ADDRESS	208 PINETREE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, J. MICHAEL	
STREET ADDRESS	61 CHATEAU MOUTON DR	
CITY-ST-ZIP	KENNER LA 70065	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLOWAY, JOHN E	
STREET ADDRESS	4817 JANICE AVENUE	
CITY-ST-ZIP	KENNER LA 70062	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOMPKINS, JAMES M	
STREET ADDRESS	2004 MILFORD	
CITY-ST-ZIP	HOUSTON TX 77098	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, THOMAS J	
STREET ADDRESS	260 BIGNER STREET	
CITY-ST-ZIP	MANDEVILLE LA 70471	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANADA, LARRY	
STREET ADDRESS	6915 VICKSBURG STREET	
CITY-ST-ZIP	NEW ORLEANS LA 70124	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)