## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCÚMENT # P96000028097

1. Entity Name

PELAGIC DEVELOPMENT, INC.

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

Zip Country Zip Country S. Certificate of Status Desired S.75 Addisiona Fas Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name 8. Name Address (P.O. Davides New							05-05-2000	90028 (	)35 ***15	50.00
2. Principal Place of Susiness  Suite, Ast. # etc.  City & State  City &	Principal Place	e of Business	Mailing Address	÷						
Suite, Apt. #, etc.  City & State  Name  BURR, TIMOTHY F  55 BAYBRIDGE  GULF BREEZE FL 32561  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 prates named registered apen seat like liapticable  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 prates named registered apen seat liapticable  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 prates named registered apen seat liapticable  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 prates named registered apen seat liapticable  City FL Zip Code  9. This corporation is eligible to satisfy its Intangible  Tax ling requirement and eligible to satisfy its Intangible  Tax ling requirement and eligible to satisfy its Intangible  Tax ling requirement and eligible to satisfy its Intangible  Tax ling requirement and eligible to satisfy its Intangible  Tax ling requirement and eligible to satisfy its Intangible  Tax ling requirement and eligible to satisfy its Intangible  Tax ling requirement and eligible to satisfy its Intangible  Tax ling requirement and eligible to satisfy its Intangible  Tax ling requirement and eligible to satisfy its Intangible  Tax ling								7, 3		
City & State	2. Principal P	lace of Business	3. Mailing Address							
City & State	Suite Ant	# etc	Suite Apt # etc	-				INI TRIÇUNI 2 21HT M	II INIII BUIN (DI Bace	(   (80)  05)
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BURR, TIMOTHY F 55 BAYBRIDGE GULF BREEZE FL 32561  City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered deffice or registered agent, or both, in the State of Florida.  SIGNATURE Symmen, typed or preservance of registered agent and the 4 applicable.  NOTE Proper in the eligible to satisfy its Infrangible for Axi filing requirement and elects to do so. (See criteria on back)  TIL  OFFICERS AND DIRECTORS	City & State	e	City & State			<b>4.</b> F	FEI Number <b>52-2090558</b>	Applied For Not Applicable		
BURR, TIMOTHY F 55 BAYBRIDGE GULF BREEZE FL 32561  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  9. This corporation is eligible to satisfy its Intrangable Tax Hing requirement and elects to do so.  (See criteria on back)	Zip	Country	Zip	Coun	itry	5. 0	Certificate of Status Desired			
BURR, TIMOTHY F 55 BAYBRIDGE GULF BREEZE FL 32561  City  FL  Zip Code  City  FL  City		6. Name and Address of Current	 Registered Agent	<u> </u>	]	7. N	lame and Address of New Re			
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax iting requirement and elects to do so.   Make Check Payable to Department of State   Make Check Payable to Department of St		•		Street Address (P.C			O. Box Number is Not Acceptable)			
SIGNATURE    Signature, typed or priorited name of registered agent and title if applicable.   (NOTE Registered Agent agent, or both, in the State of Florida.	GUL	F BREEZE FL 32561								
SIGNATURE    Signature, typind or printed name of registered agent and tille if applicable.   (NOTE: Registered Agent a signature required when reinstating)   DATE					City			FL	Zip Cod	e
9. Trist corporation is eligible to satisfy its Intangible Tax lifting requirement and elects to do so.  Maker MAY 1, 2000 Fee will be \$550.00 Fee will be \$550.00 Maker MAY 1, 2000 Fee will be \$550.00 Fee will be \$550.00 Maker MAY 1, 2000 Fee will be \$550.00 Fee will be \$	8. The above	named entity submits this statement for	or the purpose of changing	its register	ed office or regis	stered age	ent, or both, in the State of Flori	da.	_	
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CITY-ST-ZIP NEW ORLEANS LA 70124										
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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	1		al alter anner de la lace de la lace			. Caster :	140 07(0)/i) Elavida Ctatuda - 14	urthor oc-	ific that that	nformation

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 truetee 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 aldress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #