2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90182 049 ***150.00

DOCUMENT # P96000070096

1. Entity Name

PELICAN PROPERTIES BAYSIDE, INC.

Principal Place of Business	Mailing Address
622 SAWARA CIRCLE PENSACOLA FL 32506	622 SAWARA CIRCLE PENSACOLA FL 32506-6206 US

DO NOT WRITE IN THIS SPACE

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 59-3401235 ☐ 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
PALMER, RAYMOND B 400 GULF BREEZE PARKWAY, SUITE 202 GULF BREEZE FL 32561	Name: Lonnie R. Price Street Address (P.O. Box Number is Not Acceptable): 622 Sawara Circle City: Pensacola FL Zip Code: 32506

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: Lonnie R. Price 4/27/00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRICE, LINDA G 400 GULF BREEZE PARKWAY, SUITE 202 GULF BREEZE FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-Pres/Treasurer Lonnie Price 622 Sawara Circle Pensacola, FL 32506
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres/Secy Linda Gail Price 622 Sawara Circle Pensacola, FL 32506
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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: Lonnie R. Price Dir 4/27/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #