

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020052

1. Entity Name
THE PELICAN CONNECTION, INC.

Principal Place of Business
1232 MORNINGSID DRIVE
NAPLES FL 34103

Mailing Address
1232 MORNINGSID DRIVE
NAPLES FL 34103

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 65-0738758

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

ROGAN, KATHLEEN M
1232 MORNINGSID DRIVE
NAPLES FL 34103

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, 2001 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
Delete ☐

ROGAN, KATHLEEN
1232 MORNINGSID DRIVE
NAPLES FL 34103

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

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

TITLE
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Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/01

941-403-8186

Daytime Phone #

0384431

CR2E034 (10/00)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90010 035 ***150.00

00000103



DO NOT WRITE IN THIS SPACE

ATTACHMENT



PELICAN CONNECTION, INC.

1232 Morningside Drive • Naples, Florida 34103

Florida Department of State
Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

P97000020052
B00603765

Dear Sir:

Please be advised that I have just been declared cancer free after a long battle with breast cancer. During my illness I had some friends dealing with my business affairsand they did a great job for me too, but I just noticed one of the things they did not take care of on time was my Uniform Business Report.

My friend did not realize what this was and said she did not want to trouble me. As you know my report is late, but I have made no changes in my business and have not even done any business for many months now. I hope you will accept my report now. I have enclosed the \$150.00 fee.

I am anxious to get back to work and "get on with my life". Your consideration is greatly appreciated.

Thank you.
Sincerely,

Kathleen Rogan
President
Pelican Connection, Inc.