

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90102 046 ***150.00

DOCUMENT # P97000098644

1. Entity Name
PELICAN PC INC.

Principal Place of Business
1710 N HERCULES AVENUE
SUITE 101
CLEARWATER FL 33765

Mailing Address
1710 N HERCULES AVENUE
SUITE 101
CLEARWATER FL 33765

2. Principal Place of Business
1065 N. Hercules Ave.
 Suite, Apt. #, etc.

3. Mailing Address
1065 N. Hercules Ave.
 Suite, Apt. #, etc.

City & State
Clearwater, FL
 Zip
33765
 Country
USA

City & State
Clearwater, FL
 Zip
33765
 Country
USA

4. FEI Number **59-3475541**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NERI, ROBERT
1710 N HERCULES AVENUE
SUITE 101
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name *Neri, Robert*
 Street Address (P.O. Box Number is Not Acceptable)
1710 N. Hercules Ave.
 City *Clearwater, FL* Zip Code *33765*

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 *Robert Neri* *Robert Neri - President* *4-30-02*
 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, 2002 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	P	<input checked="" type="checkbox"/> Delete
NAME	NERI, PATRICIA	
STREET ADDRESS	1710 N HERCULES AVENUE, SUITE 101	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Neri, Roberto</i>	
STREET ADDRESS	<i>1065 N. Hercules Ave</i>	
CITY-ST-ZIP	<i>Clearwater, FL 33765</i>	
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)(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: *Robert Neri*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02
 Date

727-447-4600 X441
 Daytime Phone #

CR2E034 (9/01)