2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101652 Feb 02, 2000 8:00 am Secretary of State PELICAN PLUMBING OF THE KEYS, INC. 02-02-2000 90032 047 ***150.00 Principal Place of Business Mailing Address P.O. BOX 522787 10937 OVERSEAS HWY MARATHON FL 33050 MARATHON FL 33052-2787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE_ City & State Applied For 4. FEI Number City & State ____ 65-0798798 Not Applicable **\$8.75** Additional Zip 5. Certificate of Status Desired 33052-278 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT Street Address (P.O. Box Number is Not Acceptable) CO CUNNINGHAM, MILLER, HEFFERNAN, **AMERILAWYER** 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 2975 % HIGHWAY MARATHON 3050 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida MILLER 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10:-Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition TITLE PD Delete TITLE ☐ Change OSBORNE, TIMOTHY P NAME NAME STREET ADDRESS STREET ADDRESS 11555 6TH AVE OCEAN CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME OSBORNE, DIANE L. STREET ADDRESS STREET ADDRES 11555 6TH AVE OCEAN CITY-ST-ZIP CITY-ST-7IP MARATHON FL 33050 VICE PRESIDENT TASON M. DSBORNE ☐ Change **X** Addition TITLE ☐ Delete TITLE NAME NAME MARATHON, FL 33050 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.