

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

0477960 AV

**DOCUMENT # P98000003921**

1. Entity Name

**PELICAN COMMUNICATIONS, INC.**

02-19-2002 90070 022 \*\*\*150.00

Principal Place of Business

Mailing Address

**4066 EVANS AVE. SUITE 4  
 FT MYERS FL 33901**

**4066 EVANS AVE. SUITE 4  
 FT MYERS FL 33901**

2. Principal Place of Business

3. Mailing Address

**610 S.W. 39TH STREET**

**610 S.W. 39TH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**CAPE CORAL FL**

City & State

**CAPE CORAL FL**

4. FEI Number

**65-0801867**

Applied For

Not Applicable

Zip

**33914**

Country

Zip

**33914**

Country

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

**VONBERG, LARRY C**

**4066 EVANS AVE, SUITE 4**

**FT MYERS FL 33901**

**VONBERG LARRY C**

Street Address (P.O. Box Number is Not Acceptable)

**610 S.W. 39TH STREET**

City **CAPE CORAL**

**FL**

Zip Code

**33914**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **VONBERG, LARRY C**  
 STREET ADDRESS **4066 EVANS AVE, SUITE 4**  
 CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **D/P/S/T** ☒ Change ☐ Addition  
 NAME **VONBERG, LARRY C**  
 STREET ADDRESS **610 S.W. 39TH STREET**  
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**SIGNATURE DECLARED Von Berg**

**2-1-02**

Date

Daytime Phone #

CR2E034 (9/01)