## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P98000035781 DOCUMENT #

1. Entity Name

PEGASUS CONTRACTORS, INC.



## Apr 28, 2003 8:00 am \$ Secretary of State **FILED**

04-28-2003 90225 035 \*\*\*150.00

| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  |  |   |                          |                        | GO VE 180                 |                                |                       |                                |               |                           |
|---|--|---|--------------------------|------------------------|---------------------------|--------------------------------|-----------------------|--------------------------------|---------------|---------------------------|
| Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   Cuntry   Zip   Country   S. Certificate of Status Desired   \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name  | 97501 OVERSEAS HWY.                    |   | 97501 OVERSEAS HWY       |                        |                           | : 10181 10141 60311 82414 6041 | <b>           </b>    | <b>e</b> i(ii 4 <b>000</b> ) ! | 8184 HOL LESK |                           |
| City & State  Country  Country  Country  Country  Country  5. Certificate of Status Desired   \$8.75 Addition. Fee Required  Fee Required  Street Address of New Registered Agent  Name  Name  City  FL Zip Code  Street Address (R.O. Box Number is Not Acceptable)  City  FL Zip Code  6. 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. I am familiar with, and it the obligations of registered agent.  Signatrure  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICENS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE  NAME  VOLF, CHASE  TITLE  D WOLF, CHASE  STREET ADDRESS  CITY-51-2IP  NAME  STREET ADDRESS  CITY-51-2IP  Change  Change  Change  SC.OMARY  STREET ADDRESS  CITY-51-2IP  NAME  STREET ADDRESS  CITY-51-2IP  NAME  STREET ADDRESS  CITY-51-2IP  NAME  STREET ADDRESS  CITY-51-2IP  NAME  STREET ADDRESS  CITY-51-2IP  Change   | 2. Principal Place of B                | Business                                  | 3. Mailing Address       |                        |                           | _                              |                       |                                |               |                           |
| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name.  WHEELER, CHRISTOPHER C 2255 GLADES ROAD STE 340W BOCA RATON FL 33431    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 Fiorida. I am familiar with, and in the obligitations of registered agent.  SIGNATURE TILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME  SIREET ADDRESS OUT- 51-2P  WOLF, CHASE STREET ADDRESS OUT- 51-2P  TITLE NAME  STREET ADDRESS OUT- 51-2P  NAME  STREET ADDRESS OUT- 51-2P  Delete NAME  STREET ADDRESS OUT- 51 | Suite, Apt. #, etc.                    |   | Suite, Apt. #, etc.      |                        |                           | CHECK HERE IF MAKING CHANGES   |                       |                                |               |                           |
| Second       | City & State                           | <u> </u>                                  | City & State             |                        |                           | 4. FEI Number 65-0848126       |                       |                                | <b>⊢</b> +∸   | plied For<br>t Applicable |
| ### Company of the Company of C    | Zip                                    | Country                                   | Zìp                      | Coun                   | try                       | 5. Certificate of S            | tatus Desired         |                                | .75 Add       | litional                  |
| WHEELER, CHRISTOPHER C 2255 GLADES ROAD STE 340W BOCA RATON FL 33431  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE  Signature, typed or primed name of registered agent and stee it applicable. (NOTE Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  NAME  SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS OTTY-ST-ZIP  TITLE  DATE  Change  Change  Change  Change  Change  TITLE  NAME  Delete  TITLE  NAME  Delete  TITLE  NAME  Delete  TITLE  NAME  NAME  Delete  TITLE  NAME  NAME  NAME  Delete  TITLE  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME   | 6. Na                                  | lame and Address of Current               | Registered Agent         |                        |                           | 7. Name and Add                | dress of New Regist   |                                |               |                           |
| 2255 GLADES ROAD STE 340W BOCA RATON FL 33431  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and a the obligations of registered agent.  SIGNATURE    Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    P. Election Campaign Financing Trust Fund Contribution.   \$5.00 Make Check Payable to Florida Department of State    10.   |  |   | _Name                    |                        |                           |                                |                       |                                |               |                           |
| 2255 GLADES ROAD STE 340W BOCA RATON FL 33431  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and a the obligations of registered agent.  SIGNATURE    Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    P. Election Campaign Financing Trust Fund Contribution.   \$5.00 Make Check Payable to Florida Department of State    10.   | WHEELER CHRISTOPHER C                  |   |                          |                        |                           |                                |                       |                                |               |                           |
| BOCA RATON FL 33431  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN STREET ADDRESS CITY-ST-ZIP  WOLF, CHASE  97501 OVERSEAS HWY.  KEY LARGO FL 33037  CITY-ST-ZIP  TITLE  NAME   |  |   |                          |                        | Street Address            | (P.O. Box Number is            | Not Acceptable)       |                                |               |                           |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN AMAE  SIREET ADDRESS  CITY-ST-ZIP  TITLE    Delete  |  |   |                          |                        |                           |                                |                       |                                |               |                           |
| 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 Fiorida. I am familiar with, and a the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN AMME  STRET ADDRESS  OITY-ST-ZIP  TITLE    Delete   ITILE   Delete   ITILE   Change   Change   STRET ADDRESS   CITY-ST-ZIP    TITLE   Delete   ITILE   Change   Change   STRET ADDRESS   CITY-ST-ZIP    TITLE   Delete   ITILE   Change     | BUCA HATUN FL                          | L 33431                                   |                          |                        |                           |                                |                       |                                |               |                           |
| the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE  |  |   |                          |                        | City                      |                                |                       | FL                             | Zip Code      | •                         |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TRUE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME TITLE NAME NAME NAME NAME NAME NAME NAME NAM  |  |   | or the purpose of chang  | ing its registere      | ed office or registe      | ered agent, or both, in        | the State of Florida. | I am fami                      | iar with, a   | and accept                |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME STREET ADDRESS CITY-ST-ZIP VALUE OFFICERS AND DIRECTORS IN TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME  | SIGNATURESignature, t                  | typed or printed name of registered agent | and title if applicable. | (NOTE: Registered      | d Agent signature require | ed when reinstaling)           |                       | DATE                           |               |                           |
| TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM  | After May 1, 2003 Fee will be \$550.00 |   |                          |                        |                           |                                |                       | ng<br>— 🗇 —                    |               |                           |
| TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM  |  |   |                          | 11.                    |                           | ADDITIONS/CH/                  | ANGES TO OFFICER      | S AND DIE                      | ECTORS        | : "<br>SIN 11             |
| NAME  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  Delete TITLE NAME  NAME  NAME  | TITLE D WOLF, STREET ADDRESS 97501     | , CHASE<br>OVERSEAS HWY.                  |                          | TITLE NAME             | ET ADDRESS                |                                |                       |                                |               | Addition                  |
| NAME NAME   | NAME<br>STREET ADDRESS                 |   | □ Celete                 | NAME<br>STREE          | ET ADDRESS                |                                |                       |                                | Change        | Addition                  |
| CITY-ST-ZIP CITY-ST-ZIP   | NAME STREET ADDRESS                    |   | Delete                   | NAME<br>STREE          | ET ADDRESS                |                                |                       |                                | Change        | Addition .                |
|   | TITLE<br>NAME<br>STREET ADDRESS        |   | Delete                   | TITLE<br>NAME<br>STREE | ET ADDRESS                |                                |                       |                                | Change        | Addition                  |
|   | TITLE<br>NAME<br>STREET ADDRESS        |   | □ Delete                 | TITLE<br>NAME<br>STREE | T ADDRESS                 |                                |                       |                                | Change        | Addition (                |
|   | <del></del>                            |   |                          |                        |                           |                                |                       |                                | Channe        | ☐ Addition                |

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MEQUIRED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR