

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91862 001 ***600.00

DOCUMENT # P98000041470

1. Entity Name
PELICAN VACATIONS, INC.



Principal Place of Business
**25263 CHAMBER OF COMMERCE DR
BONITA SPRINGS FL 34134**

Mailing Address
**25263 CHAMBER OF COMMERCE DR
BONITA SPRINGS FL 34134**



2. Principal Place of Business
9220 Bonita Beach Rd.

3. Mailing Address
21251 Pelican Sound Dr.

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.
#202

City & State
Bonita Springs, FL

City & State
Estero, FL

Zip
34135

Country
Lee

Zip
33928

Country
Lee

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3510605**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GALVANO, WILLIAM S
1023 MANATEE AVENUE WEST
BRADENTON FL 34205**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]** DATE **4-23-3**
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GALVANO, RICHARD D**
STREET ADDRESS **25263 CHAMBER OF COMMERCE DR**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **Pres. 4-23-3** **239-495-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0543315 AV

CR2E034 (10/02)