FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

## May 07, 2002 8:00 am g Secretary of State DOCUMENT # P98000045231 1. Entity Name 05-07-2002 90082 001 \*\*\*600.00 PELICAN PROPERTY HOLDINGS, INC. Principal Place of Business Mailing Address 25263 TAMIAMI TRAIL S. 25263 TAMIAMI TRAIL S. BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. # DO NOT WRITE IN THIS SPACE City & Sta 4. FEI Number Applied For 59-3703204 Not Applicable Zip Country \$8.75 Additional EE 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALVANO, WILLIAM S Street Address (P.O. Box Number is Not Acceptable) 1023 MANATEE AVENUE WEST **BRADENTON FL 34205** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01] ☐ Addition NAME GALVANO, RICHARD D NAME 25263-TAMIAMI-TRAIL GOUTH SAME AS STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34134 CITY-ST-ZIP #2 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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