

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90477 009 ***150.00

0490347 AV

DOCUMENT # P98000081852

1. Entity Name

BLUE PELICAN INVESTMENTS, INC.

Principal Place of Business

**1205 WINDWARD COURT
PUNTA GORDA FL 33950**

Mailing Address

**1205 WINDWARD COURT
PUNTA GORDA FL 33950**

2. Principal Place of Business

5909-SANDSTONE AVE

3. Mailing Address

5909-SANDSTONE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL-

Zip

34243

Country

USA

Zip

34243

Country

USA

4. FEI Number

65-0870310

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANZELLINI, VINCENZO
1205 WINDWARD COURT
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name

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

5909 SANDSTONE AVE

City

SARASOTA-

FL

Zip Code

34243-

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.

DE

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	ANZELLINI, VINCENZO	
STREET ADDRESS	1205 WINDWARD COURT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DI GIOVANNI, MICHELE	
STREET ADDRESS	EDIF,POLAR,TORRE OESTE,PISO 16	
CITY-ST-ZIP	CARACAS VENEZUELA, VENEZUELA PLAZA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5909-SANDSTONE AVE.	
STREET ADDRESS	SARASOTA-FL-34243	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Vincenzo Anzellini

04/2nd/02

941-3511053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)