

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90249 006 ***150.00

A0065995

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------------------------------|---|--|
| DOCUMENT # P98000084684 | | | |
| 1. Entity Name PELICAN MARKETING, INC. | | | |
| Principal Place of Business 830-13 A1A NORTH, STE 391 PONTE VEDRA BEACH, FL 32082 | | Mailing Address 830-13 A1A NORTH, STE 391 PONTE VEDRA BEACH, FL 32082 | |
| 2. Principal Place of Business 1 MORINGTON LN Suite, Apt. #, etc. | | 3. Mailing Address 1 MORINGTON LN Suite, Apt. #, etc. | |
| City & State FLAGLER BEACH, FL | | City & State FLAGLER BEACH, FL | |
| Zip 32136 | Country USA | Zip 32136 | Country USA |
| 4. FEI Number 59-353696395 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ADAMS, JOHN C 144 CROSSCONE CIRCLE PONTE VEDRA BEACH, FL 32082 | | 7. Name and Address of New Registered Agent Name ADAMS, JOHN C Street Address (P.O. Box Number is Not Acceptable) 1 MORINGTON LN City FLAGLER BEACH FL Zip Code 32136 | |
| 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. <input type="checkbox"/> (See criteria on back) | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | |
| | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 I am empowered. | | | |
| SIGNATURE: John C. Adams | | John C. Adams Date 4-25-2001 Daytime Phone # 386-517-6917 | |

CR2E034 (11/00)