

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006253

1. Entity Name

PELICAN OF SOUTHWEST FLORIDA, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90089 001 ***150.00

Principal Place of Business

1505 S.E. 40TH STREET
SUITE C
CAPE CORAL FL 33904

Mailing Address

1505 S.E. 40TH STREET
SUITE C
CAPE CORAL FL 33904-7913

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1832 SW 50th Terrace

Suite, Apt. #, etc.

City & State

Cape Coral FL

Zip

Country

33914

Country

Lee

4. FEI Number

09-3554690

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNACK, HORST
1505 S.E. 40TH STREET
SUITE C
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Vestera Corp.

Street Address (P.O. Box Number is not acceptable)

1832 SW 50th Terrace

City

Cape Coral

FL

33914

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

Vetter, Eva

Delk

3-16-00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	SCHNACK, MARTEL	
STREET ADDRESS	1505 S.E. 40TH STREET, SUITE C	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHNACK, HORST	
STREET ADDRESS	1505 S.E. 40TH STREET, SUITE C	
CITY-ST-ZIP	CAPE CORAL FL 33904	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-2000

Date

944-549-9499

Daytime Phone #

CR2F034 (9/99)