

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90011 047 ***150.00

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DOCUMENT # P99000006253

1. Entity Name
PELICAN OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**1505 S.E. 40TH STREET
SUITE C
CAPE CORAL FL 33904**

Mailing Address
**PO BOX 101118
CAPE CORAL FL 33910**



2. Principal Place of Business

3. Mailing Address
25263 Chamber of Commerce Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BONITA SPRINGS

4. FEI Number **59-3554690**

Applied For
Not Applicable

Zip

Country

Zip

FL 34135

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VESTERA CORP.
1832 SW 50TH TERRACE
CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name **WEINKAUFF Ursula**
Street Address (P.O. Box Number is Not Acceptable)
25263 Chamber of Commerce Dr.
City **Bonita Springs** **FL** Zip Code **34135**

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 **Ursula Weinkauf**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-9-03
DATE

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 **P** ☐ Delete
NAME **SCHNACK, MARTEL**
STREET ADDRESS **1505 S.E. 40TH STREET, SUITE C**
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE **STD** ☐ Delete
NAME **SCHNACK, HORST**
STREET ADDRESS **1505 S.E. 40TH STREET, SUITE C**
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/03 239-948-0899

Date Daytime Phone #

CR2E034 (10/02)