

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052875

1. Entity Name

PELICAN AUTO BROKERS INC.

Principal Place of Business

2407 EAST MALL DR
FT MYERS FL 33901

Mailing Address

2407 EAST MALL DR
FT MYERS FL 33901-9118

2. Principal Place of Business

1765 FOWLER

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS

City & State

FT MYERS

Zip

33901

Country

USA

Zip

Country

Country

4. FEI Number

65-0926281

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, RODERICK
2407 EAST MALL DR
FT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

DAVE MARSHMAN

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

17339 MEADOWLARK CIR

City

FT MYERS

FL

Zip Code

33912

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 state if applicable

(NOTE: Registered Agent signature required when resigning)

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	0	☒ Delete
NAME	MCLEOD, RODERICK	
STREET ADDRESS	2407 EAST MALL DR	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	DAVE MARSHMAN	
STREET ADDRESS	17339 MEADOWLARK CIR	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	MICHAEL DEMONTIGNY	
STREET ADDRESS	313 SE 33 STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 807, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/15/00 941 334-1170

Date Daytime Phone #

DO NOT WRITE IN THIS SPACE

CR2004 (9/99)

FILED
Jun 03, 2000 8:00 am
Secretary of State

05-04-2000 90031 045 ***150.00