

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P99000110856*

1. Entity Name

Pegasus Real Estate Group, Inc. ✓

Principal Place of Business

*1849 Arden Way
Jacksonville Beach, FL
32250*

Mailing Address

*1849 Arden Way
Jacksonville Beach, FL
32250*

2. Principal Place of Business

*830-13 AIA North
Suite, Apt. #, etc.
#132*

3. Mailing Address

*830-13 AIA North
Suite, Apt. #, etc.
#132*

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

4. FEI Number

59-3615211

Applied For

Not Applicable

Zip

32082

Country

USA

Zip

32082

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

*David M. Abell
1849 Arden Way
Jacksonville Beach, FL 32250*

7. Name and Address of New Registered Agent

Name *David Abell*
Street Address (P.O. Box Number is Not Acceptable)
*830-13 AIA North
#132*
City *Ponte Vedra Beach* FL Zip Code *32082*

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

4/25/01

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PDST	<i>David Abell</i>	<i>1849 Arden Way</i>	<i>Jacksonville Beach, FL 32250</i>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPT	<i>David Abell</i>	<i>830-13 AIA North #132</i>	<i>Ponte Vedra Beach, FL 32082</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	<i>M. Lee Abell</i>	<i>830-13 AIA North #132</i>	<i>Ponte Vedra Beach, FL 32082</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Abell

Date

4/25/01

Daytime Phone #

904-246-5557

C0058537

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)