FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90239 038 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S61944

1. Entity Name

PEGASUS & CREW, INC.

DO NOT WRITE IN THIS SPACE

11016913

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2. Principal Place of Business	3. Mailing Address
%Atlantia Holdings 645 E. Dania Beach Blvd. Dania Beach, FL 33004	%Atlantia Holdings 645 E. Dania Beach Blvd. Dania Beach, FL 33004

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Blackburn Jr., Ace J.
Cooney Mattson Lance Blackburn Richards
2312 Wilton Drive
Fort Lauderdale, FL 33305

Zip Code

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 _____ 4/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.

TITLE	PD
NAME	Blackburn Jr., A.
STREET ADDRESS	%Atlantia Holdings, 645 E. Dania Beach Blvd.
CITY-ST-ZIP	Dania Beach, FL 33004
TITLE	SD V
NAME	Economou, C.
STREET ADDRESS	%Atlantia Holdings, 645 E. Dania Beach Blvd.
CITY-ST-ZIP	Dania Beach, FL 33004
TITLE	D
NAME	Wagner, J.
STREET ADDRESS	%Atlantia Holdings, 645 E. Dania Beach Blvd.
CITY-ST-ZIP	Dania Beach, FL 33004
TITLE	D
NAME	Morfidis, G.
STREET ADDRESS	%Atlantia Holdings, 645 E. Dania Beach Blvd.
CITY-ST-ZIP	Dania Beach, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4.14.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #