## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 01, 2001 8:00 am **DOCUMENT # \$80478** Secretary of State PELICAN OF MARCO, INC. 05-01-2001 90075 024 \*\*\*150.00 Principal Place of Business Mailing Address 950 COLLIER BYLVD 950 COLLIER BLVD STE 413 STE, 413 DATPEANN MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0291375 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREUSEL, JAMIE B. Street Address (P.O. Box Number is Not Acceptable) 1104 N. COLLIER BLVD. MARCO ISLAND FL 34145 Zip Code 200 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) TITLE ☐ Delete TITLE KAST. FRANZ X NAME NAME 991 N. BARFIELD DR. 315 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE THILE KAST, FRANZ NAME 991 N. BARFIELD DR. 315 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL CLTY-ST-ZIP ☐ Delete ☐ Chance Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 lental report is true and adcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director prostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the informatio indicated on this report or suppler of the corporation or the recei changed, or on an attachmen

APRIL 25,2001