## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 125893** Jan 13, 2000 8:00 am Secretary of State PRINCESS MARY HOTEL COMPANY INC. 01-13-2000 90029 040 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 1261 P.O. BOX 1261 ST PETERSBURG FL 33731-1261 ST PETERSBURG FL 33731 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0410935 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOND, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 800 34TH AVENUE NORTH ST PETERSBURG FL 33704 Zip Code FL 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Addition TITLE TITLE NAME NAME ; BOND: NIN U. STREET ADDRESS STREET ADDRESS **250-34TH-AVENUE NORTH** CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG-FL-☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME BOND, SAMUEL F. NAME STREET ADDRESS STREET ADDRESS ONE BEACH DRIVE SE #814 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL P-5-T-D ☐ Change ★ Addition 'STD--Delete - --TITLE TITLE-BOND WILLIAM NAME BOND, WILLIAM NAME 800 34TH AVENUE MORTH STREET ADDRESS 800 34TH AVENUE NORTH STREET ADDRESS ST. PETERSBURG, FL CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME

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 apprecia, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:X

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME & SIGNING OFFICER OR DIRECTOR

X 1-6-00

727-894-5583

Daytime Phone #