

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91765 030 ***150.00

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DOCUMENT # 686530

1. Entity Name

SILVER SANDS MOTEL, INC.



Principal Place of Business

**5841 GULF OF MEXICO DR
LONGBOAT KEY FL 34228
US**

Mailing Address

**C/O SILVER SURF MOTEL INC
1301 GULF DRIVE N
BRADENTON BEACH FL 34217
US**

2. Principal Place of Business

3. Mailing Address

C/O BRIDGEWALK PARTNERS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100 BRIDGE ST.

City & State

City & State

BRADENTON Bch, FL.

Zip

Country

Zip

Country

34217

USA

4. FEI Number

59-2019426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODOCKER, BARBARA A.
5841 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228**

Name

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

City

FL

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

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSDT
RODOCKER, BARBARA A.
5841 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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**V
ANGELA, RODOCKER J
5841 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228** ☐ Delete

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angela Rodocker **4-30-03** **(941) 779-2545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)