

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Aug 08, 2003 8:00 am  
Secretary of State

08-08-2003 90134 001 \*\*\*\*\*8.75  
08-08-2003 90134 002 \*\*\*150.00

015660  
FD 0069910

**DOCUMENT # G06990**

1. Entity Name  
**SEA CASTLE MOTEL, INCORPORATED**



Principal Place of Business  
**10750 GULF BLVD  
TREASURE ISLAND FL 33706**

Mailing Address  
**10750 GULF BLVD  
TREASURE ISLAND FL 33706**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **22-2424971**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMONE, STEPHEN CPA  
6439 CENTRAL AVENUE  
ST PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

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 *Stephen Simone* **STEPHEN SIMONE 7/28/03 (REGISTERED AGENT)** 7/28/03

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

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEDBROOKE, SIMON NO 3 THE SPINNEY RINGLEY RD WHITEFIELD MA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WEBB, MICHAEL HOME FARM, EAST LODGE, NEEDWOOD BURTON-ON-TRENT EN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST CLIFFORD, PETER BLUNSDON HOUSE HOTEL SWINDON EN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information empowered.

SIGNATURE: *Michael J. Webb* **12th AUGUST 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E034 (4/03)

Florida Department of State  
Division of Corporations

Attachment

55053703

#G06990



Best Western  
Sea Castle Suites

10750 Gulf Boulevard  
Treasure Island, Florida 33706  
(727) 367-2704  
Fax (727) 360-2492  
For Reservations Call  
1-800-441-8483

Date August 06 2003

Dear Sir/Madam,

Following receipt of the Uniform business report for Sea Castle Motel Inc (Document G06990) and a subsequent telephone call to your office I submit \$150.00 as the fee for registration of the corporation as the initial form that usually arrives in February was not received. Please acknowledge that is the procedure in such a circumstance. If it is more convenient for you please contact me personally by e-mail at [ianwilson@mudspring.com](mailto:ianwilson@mudspring.com).

I have requested that the certificate of status be forwarded to my office and submit the \$8.75 under separate payment.

Thankyou for your consideration in this matter.

Yours Sincerely,

A handwritten signature in black ink, appearing to read "Ian Wilson".

Ian Wilson  
General Manager.