

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

0099910

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **22-2424971**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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)**
Signature, typed printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/28/03
DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LEDBROOKE, SIMON**
STREET ADDRESS **NO 3 THE SPINNEY RINGLEY RD**
CITY-ST-ZIP **WHITEFIELD MA**

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

TITLE **PD** ☐ Delete
NAME **WEBB, MICHAEL**
STREET ADDRESS **HOME FARM, EAST LODGE, NEEDWOOD**
CITY-ST-ZIP **BURTON-ON-TRENT EN**

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

TITLE **ST** ☐ Delete
NAME **CLIFFORD, PETER**
STREET ADDRESS **BLUNSDON HOUSE HOTEL**
CITY-ST-ZIP **SWINDON EN**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

SIGNATURE:

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*.

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 dark ink, appearing to be "Ian Wilson".

Ian Wilson
General Manager.