

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001839

1. Entity Name

SCILLA MOTEL, LLC

Principal Place of Business

3833 GULF BLVD.
ST. PETE BEACH FL 33706

Mailing Address

3833 GULF BLVD.
ST. PETE BEACH FL 33706

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MANELLI, DENNIS E ESQ.
100 NORTH TAMPA ST., STE. 3600
TAMPA FL 33602

4. FEI Number 59-354-6413

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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.

SIGNATURE *Antonio Bueti*
Signature, typed or printed name of registered agent and title if applicable

ANTONIO BUETI 4/23/02
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MEM
NAME BUETI, ANTONIO ☐ Delete
STREET ADDRESS 3855 GULF BLVD.
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE MEM
NAME BUETI, FRANCESCA ☐ Delete
STREET ADDRESS 3855 GULF BLVD.
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *ANTONIO BUETI* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/23/02 Daytime Phone #

777-262-9542

FILED
May 30, 2002 8:00 am
Secretary of State

05-06-2002 90132 004 ****50.00

89923

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)