


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90240 034 \*\*\*150.00

**DOCUMENT #** P00000052825

**1. Entity Name**  
CIMY'S MOTEL INC.



**Principal Place of Business**  
1379 GULF TO BAY BLVD  
CLEARWATER FL 33755

**Mailing Address**  
1379 GULF TO BAY BLVD  
CLEARWATER FL 33755

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip**

**Country**

**City**

**State**

**Zip Code**

**Country**

**City**

**State**

**Zip Code**

**Country**

**City**

**State**

**Zip Code**

**Country**

**City**

**State**

**Zip Code**

**Country**

**City**

**State**

**Zip Code**

**Country**

**City**

**State**

**4. FEI Number** 59-3646038

**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**

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

**City**

**State**

**Zip Code**

**Country**

**City**

**State**

**Zip Code**

**Country**

**City**

**State**

**Zip Code**

**Country**

**City**

**State**

**Zip Code**

**Country**

**City**

**State**

**Zip Code**

**Country**

**City**

**State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	UKRZEWSKI, MARK	
<b>STREET ADDRESS</b>	1379 GULF TO BAY BLVD	
<b>CITY-ST-ZIP</b>	CLEARWATER FL 33755	
<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	GEBICKA-UKRZEWSKI, THERESA	
<b>STREET ADDRESS</b>	1379 GULF TO BAY BLVD	
<b>CITY-ST-ZIP</b>	CLEARWATER FL 33755	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

**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:** *THERESA GEBICKA-UKRZEWSKI* **V. PRES** **2/04/03** **727-443-1012**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (10/02)