

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025165

1. Entity Name  
TREASURES OF SILVER & GOLD INC.

Principal Place of Business

12903 VILLAGE BLVD  
MADEIRA BEACH FL 33708  
US

Mailing Address

12903 VILLAGE BLVD.  
MADEIRA BEACH FL 33708  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3170022

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DONNELLY, PATRICK G SR  
19111 VISTA BAY DR., #206  
INDIAN SHORES FL 34635

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P  
NAME DONNELLY, PATRICK G SR  
STREET ADDRESS 19111 VISTA BAY DR., #206  
CITY-ST-ZIP INDIAN SHORES FL ☐ Delete

TITLE ST  
NAME DONNELLY, SALLY  
STREET ADDRESS 19111 VISTA BAY DR #206  
CITY-ST-ZIP INDIAN SHORES FL ☐ Delete

TITLE VP  
NAME GRZESLO, GERALDINE  
STREET ADDRESS 10962 109TH ST. N.  
CITY-ST-ZIP LARGO FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patrick G. Donnelly Sr.*

1-5-02

727-398-5606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

044551 AV

CR2E034 (9/01)

FILED  
Jan 08, 2002 8:00 am  
Secretary of State

01-08-2002 90013 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE