

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

0479804
AV

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1. Entity Name
TREASURES OF SILVER & GOLD INC.

03-13-2003 90069 022 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3170022**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code **33785**

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DONNELLY, PATRICK G SR	
STREET ADDRESS	19111 VISTA BAY DR., #206	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DONNELLY, SALLY	
STREET ADDRESS	19111 VISTA BAY DR #206	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRZESLO, GERALDINE	
STREET ADDRESS	10962 109TH ST. N.	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
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 my address, with all other like empowered.

SIGNATURE: *Patrick G Donnelly* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-11-03 Daytime Phone # 727-398-5606

CR2E034 (10/02)