

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90224 027 \*\*\*150.00

**DOCUMENT # P95000014664**

**1. Entity Name**  
**EMERALD BEACH MOTEL, INC.**



**Principal Place of Business**  
**14701 FRONT BEACH ROAD**  
**PANAMA CITY BEACH FL 32413**

**Mailing Address**  
**14701 FRONT BEACH ROAD**  
**PANAMA CITY BEACH FL 32413**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3295480**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HOLSOMBAKE, JIM**  
**14701 FRONT BEACH ROAD**  
**PANAMA CITY BEACH FL 32413**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**TITLE** **D** ☐ Delete  
**NAME** **KOIKOS, JAMES B**  
**STREET ADDRESS** **14705 W. HIGHWAY 98**  
**CITY-ST-ZIP** **PANAMA CITY BEACH FL 32413**

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

**TITLE** **D** ☐ Delete  
**NAME** **KOIKOS, NICHOLAS**  
**STREET ADDRESS** **14705 W. HIGHWAY 98**  
**CITY-ST-ZIP** **PANAMA CITY BEACH FL 32413**

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

**TITLE** **D** ☐ Delete  
**NAME** **HOLSOMBAKE, JIM**  
**STREET ADDRESS** **14701 FRONT BEACH ROAD**  
**CITY-ST-ZIP** **PANAMA CITY BEACH FL 32413**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Change ☐ Addition  
**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 an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**5/9/03**

Date

**850-832-0330**

Daytime Phone #

CR2E034 (10/02)

*attachment*  
Emerald Beach Motel Co. Inc  
2205-A Grant Ave  
Panama City, Fla. 32405  
850-785-3443 Ph  
850-785-3444 Fx

90133123  
#P95000014664

May 09, 2003

To: Division of Corporations

Subject: Waiver of Late Fee

Due to being out of town this past couple of weeks, I was unable to get in and sign and send the 2003 Uniform Business which was due on May 1st. I'll make sure this does not happen in the future.

Thank You

*Jim Holsonbake*  
Jim Holsonbake