

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

0467159 AV

DOCUMENT # P96000075755

1. Entity Name

SEA GULL REALTY ON THE BEACH, INC.

01-27-2002 90001 030 ***150.00

Principal Place of Business

**2300 GULF BOULEVARD #6
 INDIAN ROCKS BEACH FL 33785**

Mailing Address

**2300 GULF BOULEVARD #6
 INDIAN ROCKS BEACH FL 33785**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3399789

Applied For

Not Applicable

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

**GRIESHEIMER, PAMELA D
 2300 GULF BOULEVARD #6
 INDIAN ROCKS BEACH FL 33785**

Name **SODI, PAMELA D**

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

Pamela D. Sodi

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

(NOTE: Registered Agent signature required when reinstating)

1/10/2002
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **GRIESHEIMER, PAMELA D**
 STREET ADDRESS **2300 GULF BOULEVARD #6**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE ☒ Change ☐ Addition
 NAME **SODI, PAMELA D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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: *Pamela D. Sodi* **PAMELA D. SODI** *1/10/2002* *727-596-1621*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Department of Health • Vital Statistics
**STATE OF FLORIDA
MARRIAGE RECORD**
TYPE IN UPPER CASE
USE BLACK INK
This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

Attachment # P96000075755
114871

1018169

05/03/2001 BK 309 PG 2
KARLEEN F. DE BLAKER, CLERK

APPLICATION NUMBER

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) ROBERT C SODI			2. DATE OF BIRTH (Month, Day, Year) 07/01/1944		
3a. RESIDENCE - CITY, TOWN, OR LOCATION SEMINOLE	3b. COUNTY PINELLAS	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) NORTH CAROLINA		
5a. BRIDE'S NAME (First, Middle, Last) PAMELA D GRIESHEIMER			5b. MAIDEN SURNAME (If different)		
7a. RESIDENCE - CITY, TOWN, OR LOCATION SEMINOLE			7b. COUNTY PINELLAS	7c. STATE FL	6. DATE OF BIRTH (Month, Day, Year) 08/21/1953
			8. BIRTHPLACE (State or Foreign Country) OHIO		

SEAL

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Robert C. Sodi</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 04/09/2001
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Gyonne M Wright</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Pamela D. Griesheimer</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 04/09/2001
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Gyonne M Wright</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE PINELLAS	18. DATE LICENSE ISSUED 04/09/2001	18a. DATE LICENSE EFFECTIVE 04/12/2001	19. EXPIRATION DATE 06/11/2001
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Karleen F. De Blaker</i>		20b. TITLE CLERK OF CIRCUIT COURT	20c. BY <i>Gyonne M Wright</i>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 4-29-2001	22. CITY, TOWN, OR LOCATION OF MARRIAGE SEMINOLE
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Ann Hometchko</i>	23c. ADDRESS (Of person performing ceremony) 14489 Kansas Ct Largo, FL 33774
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) ANN HOMETCHKO NOTARY PUBLIC STATE OF FLORIDA My Comm. Exp JULY 17, 2004 CC955317	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Brian Sodi</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Nancy B. Hallbourg</i>

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER 266-68-2712	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c	
				29a. NO. OF THIS MARRIAGE 3	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE
BRIDE	30. SOCIAL SECURITY NUMBER 281-44-8789	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS YES TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c	
				33a. NO. OF THIS MARRIAGE 2	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE
				29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 07/18/1996	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 02/02/1979

DH Form 743-B April 98 (Replaces Feb. 91 edition)



STATE OF FLORIDA - PINELLAS COUNTY
I hereby certify that the foregoing is
a true copy as the same appears among
the files and records of this court.
This 3 day of May 2001
KARLEEN F. DE BLAKER
Clerk of Circuit Court

Gyonne M Wright
Notary Public