

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90002 041 ***150.00

DOCUMENT # P98000092171

1. Entity Name
GUZY'S SEA RESORT, INC.

Principal Place of Business 102 GULF BLVD. INDIAN ROCKS BEACH FL 33785	Mailing Address 102 GULF BLVD INDIAN ROCKS BEACH FL 33785-2534
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80016260



DO NOT WRITE IN THIS SPACE

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 59-3539630	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WINSLOW, ANNA GUZY
102 GULF BLVD
INDIAN ROCKS BEACH FL 33785

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 _____ (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, 2000 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	<input type="checkbox"/> Delete
NAME	GUZY, ANDREW	
STREET ADDRESS	102 GULF BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUZY, STANLEY	
STREET ADDRESS	102 GULF BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WINSLOW, ANNA	
STREET ADDRESS	102 GULF BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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, and 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: *Anna Winslow* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: **2/3/00** Daytime Phone #: **727-595-0461**

CR2E034 (9/99)