

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-12-2003 90231 032 ***150.00

DOCUMENT # P98000102809

1. Entity Name
PALM ISLAND MOTEL OF SANIBEL, INC.



Principal Place of Business
~~706 DONAX STREET~~
SANIBEL FL 33957

Mailing Address
~~706 DONAX STREET~~
SANIBEL FL 33957

2. Principal Place of Business

3. Mailing Address

707 CARDIUM ST
Suite, Apt. #, etc.

1351 RIO VISTA AVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
SANIBEL, FL
Zip
33957
Country
LEE

City & State
FORT MYERS, FL
Zip
33901
Country
LEE

4. FEI Number 65-0885015

Applied For
Not Applicable

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

SNEA, JOHN J JR.
C/O PALMVIEW MOTEL
706 DONAX STREET
SANIBEL FL 33957

Name JACK ZWICK
Street Address (P.O. Box Number is Not Acceptable)
1351 RIO VISTA AVE
City FORT MYERS FL Zip Code 33901

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 a registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

JACK ZWICK

4/30/03
DATE

(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 NAME STREET ADDRESS CITY - ST - ZIP	D ZWICK, JACK 1351 RIO VISTA AVENUE FT. MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date 4/30/03 239-277-9676 Daytime Phone #

CR2E034 (10/02)