

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024751

1. Entity Name
THE PLAZA BEACH MOTEL INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90068 040 ***150.00

Principal Place of Business
4506 GULF BLVD.
ST. PETE BEACH FL 33706

Mailing Address
4506 GULF BLVD.
ST. PETE BEACH FL 33706

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 59-3594478

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

CZYSZCZON, LEONARDA
4506 GULF BLVD.
ST. PETE BEACH FL 33706

Name Robert Czyszczonek


Street Address (P.O. Box Number is Not Acceptable)
4506 Gulf Blvd.

City St. Pete Beach

FL

Zip Code 33706

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  Robert Czyszczonek

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

(NOTE: Registered Agent signature required when reinstating)

1-16-01

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, 2001 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 P
NAME CZYSZCZON, KRZYSZTOF
STREET ADDRESS 315 46TH AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33706 ☐ Delete

TITLE P
NAME CZYSZCZON, KRZYSZTOF
STREET ADDRESS 4661 Mirabella Court
CITY-ST-ZIP St. Pete Bch, FL 33706 ☒ Change ☐ Addition

TITLE VP
NAME CZYSZCZON, VICTOR
STREET ADDRESS 4525 PLAZA WAY
CITY-ST-ZIP ST. PETE BEACH FL 33706 ☒ Delete

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

TITLE S
NAME CZYSZCZON, LEONARDA
STREET ADDRESS 4525 PLAZA WAY
CITY-ST-ZIP ST. PETE BEACH FL 33706 ☒ Delete

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

TITLE T
NAME CZYSZCZON, MARIA
STREET ADDRESS 315 46TH AVE.
CITY-ST-ZIP ST. PETE BEACH FL 33706 ☐ Delete

TITLE VP
NAME CZYSZCZON, MARIA
STREET ADDRESS 4661 Mirabella Court
CITY-ST-ZIP St. Pete Bch, FL 33706 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S
NAME CZYSZCZON, Robert
STREET ADDRESS 4661 Mirabella Court
CITY-ST-ZIP St. Pete Bch, FL 33706 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

1-16-01 367-2791
Date Daytime Phone #

CR2E034 (10/00)