

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

07-17-2001 90004 033 \*\*\*150.00

0115363 / AT

**DOCUMENT # P99000082208**

**1. Entity Name**  
**PINK FLAMINGO MOTEL, INC.**

**Principal Place of Business**  
**12385 81ST ST.**  
**FELLSMERE FL 32958**

**Mailing Address**  
**12385 81ST ST.**  
**FELLSMERE FL 32958**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0949605**

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**

**BRODAK, JOSEPH R**  
**12385 81ST ST.**  
**FELLSMERE FL 32958**

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**

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

(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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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** **PTD** ☐ Delete  
**NAME** **BRODAK, JOSEPH R**  
**STREET ADDRESS** **12385 81ST ST.**  
**CITY-ST-ZIP** **FELLSMERE FL 32958**

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

**TITLE** **VSD** ☐ Delete  
**NAME** **BRODAK, ETHEL**  
**STREET ADDRESS** **12385 81ST ST.**  
**CITY-ST-ZIP** **FELLSMERE FL 32958**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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. 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 Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment  
DH# 90005208  
A077619

PRICE & ASSOCIATES, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

1623 U.S. #1, Suite B-4  
P.O. Box 780698  
Sebastian, FL 32978-0698  
(561) 589-8981  
Fax (561) 589-9048

516 N. Harbor City Blvd.  
Melbourne, FL 32935  
(321) 751-1905  
Fax (321) 259-2666

Reply to:  
Sebastian

July 6, 2001

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Pink Flamingo Motel, Inc.  
EIN: 65-0949605  
2001 Uniform Business Report

Please find the enclosed 2001 Uniform Business Report for Pink Flamingo Motel, Inc. The taxpayer requested a report in April 2001 when they did not receive an original. This is the first report the corporation received. Therefore, the taxpayer has completed this report and is submitting the original \$150.00 due with the report. Please accept payment and abate the additional penalty.

Thank you for your consideration in this matter.

Very Truly Yours,

  
C. Clay Price, CPA

/tmo

Enclosures

Cc: Pink Flamingo Motel, Inc.