

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90345 045 \*\*\*150.00

0625568  
AT

**DOCUMENT # F00000002436**

1. Entity Name  
**INTOWN SUITES ROOSEVELT BOULEVARD, INC.**



Principal Place of Business  
**2102 PIEDMONT ROAD  
ATLANTA GA 30324**

Mailing Address  
**2102 PIEDMONT ROAD  
ATLANTA GA 30324**



2. Principal Place of Business  
**2833 ROOSEVELT BLVD.**

3. Mailing Address  
**300 GALLERIA PKWY.**

Suite, Apt. #, etc.  
**SUITE 1200**

City & State  
**CLEARWATER, FL**

City & State  
**ATLANTA, GA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2539996** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD VICKERS, DAVID M 2102 PIEDMONT ROAD ATLANTA GA 30324</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD VICKERS, CHERYL K 2102 PIEDMONT ROAD ATLANTA GA 30324</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST BREWER, BILL R 2102 PIEDMONT ROAD ATLANTA GA 30324</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D TICOTIN, MARK S 2102 PIEDMONT ROAD ATLANTA GA 30324</b> <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300 GALLERIA PKWY., STE. 1200 ATLANTA, GA 30339</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300 GALLERIA PKWY., STE. 1200 ATLANTA, GA 30339</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300 GALLERIA PKWY., STE. 1200 ATLANTA, GA 30339</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

3/30/03 770-799-5000  
Date Daytime Phone #

CR2E034 (10/02)