

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**  
 05-05-2002 90085 047 \*\*\*150.00

**DOCUMENT # P98000026635**

1. Entity Name  
**OAKWIN LODGING, INC.**

Principal Place of Business      Mailing Address  
**4680 US 90 WEST**                      **4680 US 90 WEST**  
**LAKE CITY FL 32024**                      **LAKE CITY FL 32024**



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 **59-3506611**      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

**PATEL, MINESH**      Name  
**4680 US 90 WEST**      Street Address (P.O. Box Number is Not Acceptable)  
**LAKE CITY FL 32024**      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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATEL, MINESH</b> <b>4680 US 90 WEST</b> <b>LAKE CITY FL 32024</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATEL, NISHI</b> <b>4680 US 90 WEST</b> <b>LAKE CITY FL 32024</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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      Date: 4/10/02      Daytime Phone #: 386-362-6000

CR2E034 (9/01)