


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90070 009 ***150.00

DOCUMENT # P98000026635

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



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

Mailing Address
4680 US 90 WEST
LAKE CITY FL 32024



2. Principal Place of Business
6819 US Hwy 129 N

3. Mailing Address
134 SW Florida Gateway Dr.

Suite, Apt. #, etc.
#103

CHECK HERE IF MAKING CHANGES

City & State
Live Oak, Fla

City & State
LAKE CITY, FLA

Zip
32060

Country
USA

Zip
32024

Country
USA

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

PATEL, MINESH
4680 US 90 WEST
LAKE CITY FL 32024

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  DATE **4/10/03**

Signature, typed or printed name of registered agent and title if applicable. (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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, MINESH	NAME	
STREET ADDRESS	4680 US 90 WEST	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32024	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, NISHI	NAME	
STREET ADDRESS	4680 US 90 WEST	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32024	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, SHEENAL	NAME	
STREET ADDRESS	4680 US 90 WEST	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32024	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 live empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE: **4/10/03** DAYTIME PHONE #: **(386) 752-7891**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)