

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90258 050 ***150.00

0646894 AT

DOCUMENT # 292032

1. Entity Name
INN OF JACKSONVILLE-AIRPORT, INC.



Principal Place of Business
**1000 RED FERN PLACE
P.O. BOX 16867
FLOWOOD MS 39232 35
US**

Mailing Address
**P.O. BOX 320009
FLOWOOD MS 39232
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip **39232** Country

Zip Country

4. FEI Number **59-1061896**

Applie For
Not Applicable

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

11012901



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NORRIS, JOHN E.
201 N MARION ST.
LAKE CITY FL 32055**

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 _____
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

TITLE	CD	<input type="checkbox"/> Delete
NAME	STURDIVANT, MIKE P.	
STREET ADDRESS	E. DREW ROAD	
CITY-ST-ZIP	GLENDORA, MISSISSIPP	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, EARLE F.	
STREET ADDRESS	100 RED FERN PLACE	
CITY-ST-ZIP	FLOWOOD MS	
TITLE	D	<input type="checkbox"/> Delete
NAME	STURDIVANT, YGONDINE W.	
STREET ADDRESS	E. DREW ROAD	
CITY-ST-ZIP	GLENDORA, MISSISSIPP	
TITLE	VS	<input type="checkbox"/> Delete
NAME	STURDIVANT, GAINES P (XVP)	
STREET ADDRESS	1000 RED FERN PLACE	
CITY-ST-ZIP	FLOWOOD MS	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HART, MICHAEL J.	
STREET ADDRESS	1000 RED FERN PLACE	
CITY-ST-ZIP	FLOWOOD MS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	39232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	39232	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	39232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE: *Michael J. Hart* **RECEIVED** **2/14/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)