Alay 18, 2001 8:	oo am
Secretary of St	tate
05-18-2001 91599 003 ***15	

DOCUMENT # 317980 1. Entity Name WILSON COURT MOTEL, INC.					Secretary of State 05-18-2001 91599 003 ***150.00			
Principal Place of Business 301 N. THOMS ST. PLANT CITY FL 33566		Mailing Address 301 N. THOMS ST. PLANT CITY FL 33566			552598			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		- 1	4. FEI Number 59-1168	512	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desire		5 Additional equired	
	6. Name and Address of Curre	nt Registered Agent	<u> </u>	7	7. Name and Address of Ne	w Registered Agent		
			Name	Ka	2 Davis			
WALKER, EDNA E 301 H THOMAS ST			Street Address (I		(P.O. Box Number is Not Acceptable)			
PLAI	NT CITY FL 33566		30.	58	Greenmount	· Rd.		
		· · · · · · · · · · · · · · · · · · ·	: City	land	le C	FL [광	Teode (
9. This corporate filling in	Signature, typed or printed Jame of registered ago pration is eligible to satisfy its Intangit requirement and elects to do so.	ent and title if applicable. (NOTE Ole FILE NOW! After MAY 1, 20	FEE IS \$150.0	re required who		5/15/01 Financing	\$5.00 May Be Added to Fees	
11.		ID DIRECTORS	12.		ADDITIONS/CHANGES TO C	OFFICERS AND DIREC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Walker, Edna E. 301 N. Thoms St. Plant City Fl	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0/14	Davis sereenmour ando FL 32	.+ Rd. -804	nange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAYNES, JOSEPH N 111 S. COLLINS ST. PLANT CITY, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose 1306	ph N. Hayne, oakdale Au HCity, FL 33	S re. 564	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYNES JR., HENRY 301 N. THOMAS ST. PLANT CITY FL	D Uelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 121 2		☐ Ct	nange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		□ Ct	nange 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	= 3	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			. Ch	ange Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			□ Ch	nange Addition	

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.

CITY-ST-ZIP

ŞIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR مبر

2001 UNIFORM BUSINESS REPORT (UBR)