

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90905 036 \*\*\*150.00

**DOCUMENT # 403312**

1. Entity Name  
**ALADDIN INN CORPORATION**

Principal Place of Business  
**416 PELICAN BAY DR.**  
**DAYTONA BEACH FL 32119**  
**US**

Mailing Address  
**416 PELICAN BAY DR.**  
**DAYTONA BEACH FL 32119**  
**US**



2. Principal Place of Business  
**433 Pelican Bay Dr.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**433 Pelican Bay Dr.**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**DAYTONA Beach, FL.**  
 Zip  
**32119**  
 Country

City & State  
**Daytona Beach, FL.**  
 Zip  
**32119**  
 Country

4. FEI Number **59-1399086**  
 Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SENKOVICH, DONALD M**  
**416 PELICAN BAY**  
**DAYTONA BEACH FL 32119**

## 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.

SIGNATURE *Linda Samaan*

*4/11/2002*

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SENKOVICH, DONALD M 416 PELICAN BAY DAYTONA BEACH FL 32119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SENKOVICH, BARBARA J 416 PELICAN BAY DR DAYTONA BEACH FL 32119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAMAAN, LINDA S 433 PELICAN BAY DR DAYTONA BEACH FL 32119 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>104 MERGANSER Cir</b> <b>Daytona Beach, FL 32119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>104 MERGANSER Cir</b> <b>Daytona Beach, FL 32119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *Linda Samaan* *LINDA S SAMAAN*

*4/11/2002* *386*  
*761-3824*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)