

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A98000001209**



1. Entity Name
HOME STAY LODGE I, LTD.

FILED

2003 JUL 25 AM 11:33

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**6305 MOBILE HIGHWAY
PENSACOLA FL 32526**

Mailing Address
**P.O. BOX 635
MABLETON GA 30126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number **75-2763484**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

9. Capital Contributions as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000043338**
NAME **HOME STAY LODGE, INC.**
STREET ADDRESS **P.O. BOX 635**
CITY-ST-ZIP **MABLETON GA 30126**

STREET ADDRESS

CITY-ST-ZIP

000022069770
09/05/03-01044-014 **167.50

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REGISTERED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Joe E. Chapple

7/23/02 770-819-0039
Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (4/03)



"Stay a Nite or Stay Forever" ®

EFFICIENCY LODGE, INC.

5342 Old Floyd Rd.
P.O. Box 635
Mableton, Georgia 30126-0635
770-819-0039
FAX 770-819-0939

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

July 22, 2003

Florida Department of State
Joey Bryan
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Bryan,

Per our telephone conversation July 22, 2003, attached is the Limited Partnership Reinstatement form along with our check for \$167.50.

We did not receive this form until the week of July 15, 2003.

Thank you in advance for your help in this matter.

Bonnie L. Byers
Secretary/Treasurer