## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## F98000000867 DOCUMENT #

CRESTWOOD SUITES V. INC.



**FILED** Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90746 026 \*\*\*150.00

11424 UNIVERSIT ORLANDO FL 326 US	Y BLVD	126 ENTERPRISE PATH STE 208 HIRAM GA 30141			☐ CHECK HERE IF MAKING CHANGES	
2. Principal Place	of Business	3. Mailing Address				
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.				
City & State		City & State			4. FEI Number 58-2364362	Applied For Not Applicable
Zip	Country	Zip	Country			\$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
the obligations	ned entity submits this staten of registered agent.				stered agent, or both, in the State of Florida. I am substitute of Florida in the State of Florida. I am substitute of Florida in the State of Florida	familiar with, and accept
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

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE Change BURSON, KENNETH L NAME NAME 126 ENTERPRISE PATH, STE 208 STREET ADDRESS STREET ADDRESS **HIRAM GA 30141** CITY-ST-ZIP CITY-ST-ZIP TD TITLE Delete TITLE Change □ Addition SIMPSON, STEVE NAME NAME 126 ENTERPRISE PATH, STE 208 STREET ADDRESS STREET ADDRESS HIRAM GA 30141 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE SIMPSON, MARY J NAME NAME 126 Enterprise Path Ste 208 Hiram 6A 30141 168 N. JOHNSTON ST. STE 100 STREET ADDRESS STREET ADDRESS DALLAS GA 30132 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

D. Dic. Buar mary J. Simpson

3/28/03