

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90345 046 ***150.00

0625548 AT

DOCUMENT # F98000006842

1. Entity Name
INTOWN SUITES BLANDING BOULEVARD, INC.



Principal Place of Business
**442 BLANDING BLVD
ORANGE PARK FL 32065**

Mailing Address
**2102 PIEDMONT RD
ATLANTA GA 30324**

2. Principal Place of Business

3. Mailing Address
300 GALLERIA PKWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1200

City & State

City & State
ATLANTA, GA

Zip

Country

Zip

30339

Country

4. FEI Number **58-2430700**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **VICKERS, DAVID M**
STREET ADDRESS **2102 PIEDMONT ROAD**
CITY-ST-ZIP **ATLANTA GA 30324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **300 GALLERIA PARKWAY SUITE 1200**
CITY-ST-ZIP **ATLANTA, GA 30339**

TITLE **VP** ☐ Delete
NAME **VICKERS, CHERYL K**
STREET ADDRESS **2102 PIEDMONT ROAD**
CITY-ST-ZIP **ATLANTA GA 30324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **300 GALLERIA PARKWAY SUITE 1200**
CITY-ST-ZIP **ATLANTA, GA 30339**

TITLE **CFO** ☐ Delete
NAME **BREWER, BILL R**
STREET ADDRESS **2102 PIEDMONT ROAD**
CITY-ST-ZIP **ATLANTA GA 30324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **300 GALLERIA PARKWAY SUITE 1200**
CITY-ST-ZIP **ATLANTA, GA 30339**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ 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: DAVID M VICKERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03 770-799-5000
Date Daytime Phone #

CR2E034 (10/02)