

05/22/2001 16:14 2053142400

COMFORT INN

MAY-22-2001 08:48 FROM: LUSTER

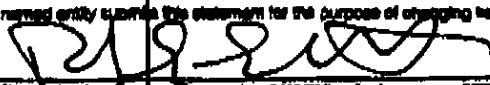
510-587-0730

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90036 034 ***150.00

C0070617

DO NOT WRITE IN THIS SPACE

DOCUMENT # 1. Entity Name		F99000003110 LUSTER NATIONAL, INC.	
Principal Place of Business		Mailing Address	
1. Principal Place of Business 3571 County Road 218 State, Apt. #, etc.		2. Mailing Address P. O. Box 58 State, Apt. #, etc.	
City & State Middleburg		City & State Oakland	
Zip 32068		Zip 94604-0058	
Country U.S.A.		Country U.S.A.	
4. FID Number 68-0210418		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$3.75 Additional Fee Required			
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Ralph Elliott Street Address (P.O. Box Number is Not Acceptable) 3571 County Road 218 City Middleburg FL Zip Code 32068	
9. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE  Signature, agent or officer must represent agent and not it applicant. (None required if agent signature required after recording)			
10. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐		11. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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14. I hereby certify that the information supplied with this filing does not comply for the corporation stated in Section 118.01(3)(b), 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:  ROBERT A. LUSTER		510-622-0004 x-120	

C0070617 (11/01)