

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90047 001 \*\*\*150.00

**DOCUMENT # H36830**

1. Entity Name

**SOUTHERN INNKEEPERS, INC.**

Principal Place of Business

**26508 U.S. 19 N.  
 CLEARWATER FL 33761  
 US**

Mailing Address

**26508 U.S. 19 N.  
 CLEARWATER FL 33761  
 US**

040002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**36181 East Lake Rd  
 Suite, Apt. #, etc. #102**

3. Mailing Address

**36181 East Lake Rd  
 Suite, Apt. #, etc. #102**

City & State  
**Palm Harbor FL**

City & State  
**Palm Harbor FL**

4. FEI Number

**58-1595878**

Applied For

Not Applicable

Zip

Country

**34685**

Zip

Country

**34685**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GOODMAN, MARIAN J  
 26508 US 19 NO  
 CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

**Margot Pequignot**

Street Address (P.O. Box Number is Not Acceptable)

**164 8th Ave. S.W.**

City

**Largo**

FL

Zip Code

**33770**

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

Signature, typed or printed name of registered agent and title, 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	VP	<input type="checkbox"/> Delete
NAME	GOODMAN, MARIAN J.	
STREET ADDRESS	26508 US 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	P	<input type="checkbox"/> Delete
NAME	HINELY, MARGENA	
STREET ADDRESS	26508 U.S. 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4901 Quill Court	
CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4901 Quill Court	
CITY-ST-ZIP	Palm Harbor FL 34685	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**MARGENA L. HINELY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Margena L. Hinely 4/15/02 727 943-2442**  
 Date Daytime Phone #

CR2E034 (9/01)