

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90309 029 \*\*\*150.00

DOCUMENT # J45976

(4)

1. Entity Name

Town Motel, Inc. ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

1405 N. Krome Avenue

3. Mailing Address

1730 NW 9th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Florida City, FL

City &amp; State

Homestead, FL

4. FEI Number

59-2735616

Applied For

Not Applicable

Zip

33034

Country

Zip

33030

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Michael L. Frederick, CPA

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

15600 SW 288th Street, Suite 305

City

Homestead

FL

Zip Code

33033

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 if 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete				President	John Maxwell	116 Waterbury Road	Thomaston, CT 06707
<input type="checkbox"/> Delete				VP	Dean Bergstrom	116 Waterbury Road	Thomaston, CT 06707
<input type="checkbox"/> Delete							
<input type="checkbox"/> Delete							
<input type="checkbox"/> Delete							
<input type="checkbox"/> Delete							

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #