

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90367 032 ***150.00

DOCUMENT # K40785

1. Entity Name
UNIVERSAL MOTELS, INC.



Principal Place of Business
**923 S 1ST ST.
JACKSONVILLE BCH. FL 32250**

Mailing Address
**923 S 1ST ST.
JACKSONVILLE BCH. FL 32250**

2. Principal Place of Business

3. Mailing Address

1255 Chaffee Rd S

Suite, Apt. #, etc.

City & State

JAX FL

Zip
32221

Country
USA

4. FEI Number
59-2931026

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

**HAYES, J.L.
923 S 1ST ST.
JACKSONVILLE BCH. FL 32250**

7. Name and Address of New Registered Agent

Name
J L Hayes

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

1225 Chaffee Rd S

City
Jacksonville

FL

Zip Code
32221

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 **J L Hayes**
Signature, typed or printed name of registered agent and title if applicable.

J L Hayes

(NOTE: Registered Agent signature required when reinstating)

4-10-03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAYES, J. L. 923 SOUTH FIRST STREET JACKSONVILLE BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HAYES, GLORIA 923 S 1ST ST. JACKSONVILLE BCH. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, STEVEN 22021 PEAR ORCHARD DR MOSELEY VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **J L Hayes**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-04 904781-6882
Date Daytime Phone #

CR2E034 (10/02)