

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90006 017 ***158.75

DOCUMENT # **K82026**

1. Entry Name
NEARTN STONE INNS, INC.

Principal Place of Business
 GALLERIA PKWY
 400
 GA 30339

Mailing Address:
 C/O WOOD FINANCIAL CORP
 5100 N. TAMiami TRAIL
 STE 105
 NAPLES FL 34103-2810
 US

3. Mailing Address **C/O WOOD FINANCIAL**
5100 N. TAMiami TRAIL
 Suite, Apt. #, etc.
#105
 City & State
NAPLES FL
 Zip
34103 Country
USA

4. FEI Number **59-3005742**
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WOOD, M.T.
5100 TAMiami TRAIL
SUITE 105
NAPLES FL 34103

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	PTSD WOOD, M.T. 5100 TAMiami TRAIL, SUITE 105 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **M.T. WOOD** **7/30/00 770/953-0198**
M.T. WOOD **7/30/00 770/953-0198**