

# 2001 UNIFORM BUSINESS REPORT (UBR)

162

0032716 SP

**DOCUMENT #** L99000005851

**1. Entity Name**  
HOSPITALITY EXPRESS, LLC

FILED

01 JUN 22 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
2380 VIA DEL REY, SUITE A  
BONITA SPRINGS FL 34134

**Mailing Address**  
2380 VIA DEL REY, SUITE A  
BONITA SPRINGS FL 34134

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
3780 VIA DEL REY  
Suite, Apt. #, etc. SUITE A  
City & State Bonita Springs, FL  
Zip 34134 Country U.S.

**3. Mailing Address**  
3780 VIA DEL REY  
Suite, Apt. #, etc. SUITE A  
City & State Bonita Springs, FL  
Zip 34134 Country U.S.

**4. FEI Number** APPLIED FOR ☐ Applied For ☐ Not Applicable

**5. Certificate of Status Desired** ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
MEYERS, DAVID A  
26056 CLARKSTON DRIVE  
BONITA SPRINGS FL 34135

**7. Name and Address of New Registered Agent**  
Name MEYERS, DAVID A.  
Street Address (P.O. Box Number is Not Acceptable)  
3780 VIA DEL REY, SUITE A  
City Bonita Springs FL Zip Code 34134

**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 MGRM 4/9/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYERS, DAVID A 26056 CLARKSTON DRIVE BONITA SPRINGS FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004451001 -06/29/01--01016--022 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** DAVID A MEYERS 49-01 941-9492915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)

2062

Form **SS-4**

(Rev. December 1995)

Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

➤Keep a copy for your records.

EIN

OMB No. 1545-0003

1 Name of applicant (Legal name) (See instructions.)

\* **HOSPITALITY EXPRESS, LLC**

2 Trade name of business (if different from name in line 1)

**SAME**

3 Executor, trustee, "care of"

4a Mailing address (street address) (room, apt., or suite no.)

**3780 Via Del Rey, Suite A**

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

**Bonita Springs, FL 34134**

5b City, state, and ZIP code

6 County and state where principal business is located

**Lee County, Florida**

7 Name of principal officer, general partner, grantor, owner, or trustor--SSN required (See instructions.)

**David A. Meyers**

**299-50-8858**

8a Type of entity (Check only one box.) (See instructions.)

☐ Estate (SSN of decedent)

☐ Sole Proprietor (SSN)

☐ Plan administrator-SSN

☒ Partnership

☐ Personal service corp.

☐ Other corporation (specify) ➤

☐ REMIC

☐ Limited liability co.

☐ Trust

☐ Farmers' cooperative

☐ State/local government

☐ National Guard

☐ Federal Government/military

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify)

(enter GEN if applicable)

☐ Other specify

8b If a corporation, name the state or foreign country  
(if applicable) where incorporated

State  
**FLORIDA**

Foreign country

9 Reason for applying (Check only one box.)

☒ Started new business (specify)

☐ Banking purpose (specify)

☐ Changed type of organization (specify)

**Hotel Management**

☐ Purchased going business

☐ Hired employees

☐ Created a trust (specify)

☐ Created a pension plan (specify type)

☐ Other (specify)

10 Date business started or acquired (Mo., day, year) (See instructions.)

\* **6/16/00**

11 Closing month of accounting year (See instructions.)

**12/31**

12 First date wages or annuities were paid or will be paid (Mo., day, year. Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . **6/16/00**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions) . . . . .

Nonagricultural  
**12**

Agricultural  
**0**

Household  
**0**

14 Principal activity (See instructions.) **hotel management**

15 Is the principal business activity manufacturing? . . . . .

☐ Yes ☒ No

If "Yes," principal product and raw material used

16 To whom are most of the products or services sold? Please check the appropriate box.

☐ Business (wholesale)

☒ Public (retail)

☐ Other (specify)

☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? . . . . .

☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name

Trade name

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

**941-949-2915**

Name and title (please type or print clearly.)

\* **David A. Meyers, Manager**

Fax telephone number (include area code)

**941-593-2990**

Signature

Date

Note: Do not write below this line. For official use only.

Please leave  
blank ➤

Geo.

Ind.

Class

Size

Reason for applying