

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90067 023 ****55.00

DOCUMENT # M01000001571

1. Entity Name

E SUITES LICENSING, LLC

Principal Place of Business

Mailing Address

**601 CLEVELAND ST., STE 240
 CLEARWATER FL 33755**

**601 CLEVELAND ST., STE 240
 CLEARWATER FL 33755**

981128



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8 S. Fort Harrison Ave

3. Mailing Address

8 S. Fort Harrison Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number **59-3632837**

Applied For

Not Applicable

Zip

Country

33756-5105

Zip

Country

33756-5105

5. Certificate of Status Desired ☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLENBURG, GERALD D
 601 CLEVELAND ST., STE 240
 CLEARWATER FL 33755**

Name

Ellenburg, Gerald D

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

8 S. Fort Harrison Ave

City

Clearwater

FL

Zip Code **33756**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-16-02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
 NAME **ELLENBURG, GERALD D**
 STREET ADDRESS **601 CLEVELAND ST., STE 240**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **Matrix Lodging LLC** ☒ Change ☐ Addition
 NAME **8 S. Fort Harrison Ave**
 STREET ADDRESS **Clearwater, FL 33756**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Gerald D Ellenburg, Chairman

9-16-02 (227) 446-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)