2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am Secretary of State P00000024254 DOCUMENT # 1. Entity Name 05-21-2002 91127 004 ***150 00 PAYLESS LODGING, INC. Principal Place of Business Mailing Address 2350-N 34TH STREET NORTH 2350-N 34TH STREET NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3706844 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRINKLEY, LINSTER JR Street Address (P.O. Box Number is Not Acceptable) 2350-N 34TH STREET NORTH ST. PETERSBURG FL 33713 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT TITLE ☐ Defete TITLE Addition MEREDITH BISHUP NAME LIN (FRED), FENG-LIANG NAME 824 NARCISSUS AUE STREET ADDRESS 2976 ELYSIUM WAY STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 34619** CITY-ST-ZIP CLESKINATER, PL 33767 ☐ Delete TITLE Change ☐ Addition STEVENS, RICHARD L NAME STREET ADDRESS 19314 WIND DANCER STREET STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIT) F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

FILED