
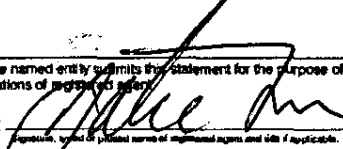
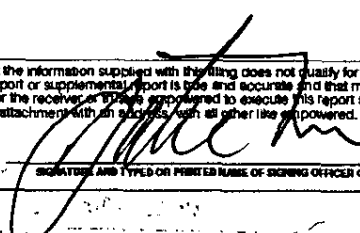


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91181 041 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P0000053700</b>			
1. Entity Name <b>SUPERTEL FRANCHISE CORP.</b>			
Principal Place of Business 501 N ORLANDO AV STE 141 WINTER PARK, FL 32789		Mailing Address 501 N ORLANDO AV STE 141 WINTER PARK, FL 32789	
2. Principal Place of Business 11500 S. ORANGE BLOSSOM TRL. Suite, Apt. #, etc. SUITE 7 City & State ORLANDO		3. Mailing Address 11500 S. ORANGE BLOSSOM TRL. Suite, Apt. #, etc. SUITE 7 City & State ORLANDO	
Zip FL		Country U-S	
Zip 32837		Country U-S	
4. FEI Number 59-3848133		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEE, JAKE 601 N ORLANDO AV STE 141 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name LEE, JAKE Street Address (P.O. Box Number is Not Acceptable) 11500 S. ORANGE BLOSSOM TRAIL SUITE 7 City ORLANDO FL Zip Code 32837	
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 		DATE JAKE LEE PRESIDENT 5-1-03	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	P LEE, JAKE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JAKE	NAME	
STREET ADDRESS	7717 APPLE TREE CR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	
TITLE	VP VEGA, LUIS F <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA, LUIS F	NAME	
STREET ADDRESS	2376 WHISPERING MAPLE DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 appointed to execute this report as required by Chapter 807, 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 information.			
SIGNATURE: 		DATE JAKE LEE PRESIDENT 5-3-03	

90129959



CHECK HERE IF MAKING CHANGES

CR2003A (10/02)

407-582-0077