

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

05-15-2001 90138 039 ***150.00

DOCUMENT # P00000097877

1. Entity Name

HOTEL CELLULAR INC.

LA

Principal Place of Business

Mailing Address

1875 SANDBAR DR
MERRITT ISLAND FL 32953

1875 SANDBAR DR
MERRITT ISLAND FL 32953

00000000

2. Principal Place of Business

3. Mailing Address

434 E. Merritt Isl. Cswy. *36 Yawl Dr.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Merritt Island, FL

Cocoa Bch, FL

Zip

Country

Zip

Country

32952

USA

32931

USA

4. FEI Number

Applied For

59-3670535

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSS, THOMAS A
1875 SANDBAR DR
MERRITT ISLAND FL 32953

Name

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

City

FL

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)

DATE

9. 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, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *D* ☐ Delete
NAME BUSS, THOMAS A
STREET ADDRESS 1875 SANDBAR DR
CITY-ST-ZIP MERRITT ISLAND FL 32953

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

TITLE *D* ☐ Delete
NAME HODGE, RONALD
STREET ADDRESS 617 MT VIEW AVE #5
CITY-ST-ZIP BELMONTE CA 94002

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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.

SIGNATURE

Thomas A. Buss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01 321 454-2200

Date Day/Mo/Yr

CR2E034 (10/00)