

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109765

1. Entity Name

LODGINGS OF AMERICA, INC.

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90064 043 \*\*\*158.75

Principal Place of Business

Mailing Address

3026 W MAIN STREET  
TAMPA FL 33607

3026 W MAIN STREET  
TAMPA FL 33607

2. Principal Place of Business

3026 W MAIN ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL 33607

City & State

SAME

Zip

Country

33607 USA

Zip

Country

4. FEI Number

59-3697962

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMSTRONG, GARY L  
2950 ALOMA AVE STE 400  
WINTER PARK FL 32792

Name

GARY L. ARMSTRONG

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

2950 ALOMA AVE

STE 400

City

WINTER PARK

FL

Zip Code

32792

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

GARY L. ARMSTRONG

4/29/01

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

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
CHARLES CUNNINGHAM  
3026 W. MAIN ST.  
TAMPA, FL 33607

☐ Delete

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

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Cunningham

Date

4/29/01

Daytime Phone #

695-2705

CR2E034 (10/00)