

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

DOCUMENT # P01000019302

1. Entity Name

Tri-State Hospitality, Mnc.
 1700 McCoy Road
 Orlando, FL 32809-7816

FILED

02 DEC -6 AM 9:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

600009397226

12/06/02--01036--006 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1700 McCoy Road

Suite, Apt. #, etc.

3. Mailing Address

1700 McCoy Road

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32809

Country

USA

City & State

Orlando, FL

Zip

32809

Country

USA

4. FEI Number

59-3699907

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Kotamreddy R. Reddy

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

1700 McCoy Road

City

Orlando,

FL

Zip Code

32809

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

Kotamreddy R. Reddy

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12-3-02

This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

OFFICERS AND DIRECTORS

1. President	Kotamreddy R. Reddy
2. Vice President	Palur V. Sridharah
3. Secretary/Treasurer	2044 Oak Glen Drive McGregor TX 76657
4. Address	
5. Address	
6. Address	
7. Address	

1. Name	
2. Street Address	
3. City & State	
4. Name	
5. Street Address	
6. City & State	
7. Name	
8. Street Address	
9. City & State	
10. Name	
11. Street Address	
12. City & State	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information dictated or 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/02

Date

x407-855-4447

Anytime Phone #

TRI-STATE HOSPITALITY, INC.
1700 McCOY ROAD
ORLANDO, FL. 32809

December 3, 2002

Secretary of State
Division of Corporation
P.O.Box 6327
Tallahassee Fl 32314

Ref:- Document #P01000019302
EIN:-59-3699907
Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned KOTAMREDDY R. REDDY President of TRI-STATE HOSPITALITY, INC. would like to request you to waive the penalty for non-payment of Annual Filing Fees for 2002 on the following grounds.

I never received the Annual Filing Form for 2002, as I moved from old house to a new house, may be lost in the mail and/or delivered back to you, which was not forwarded to us. Unfortunatley, I never realized that I did not pay the annual filing fee for 2002 as I did not received the Filing Form for the year 2002. I made a mistake due to lack of knowledge and information & unavoidable circumstances. I would like to request you to waive the penalty on the basis of lack of knowledge, information and misunderstandings.

I am enclosing herewith the check of \$150.00 being an annaul filing fee for 2002 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, information, misunderstanding and undue hardship in this bad economy. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you.
Sincerely,

Kotamreddy R. Reddy
(KOTAMREDDY R. REDDY)

encl:- as above Ck of \$150