2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000045471

1. Entity Name

Zip

PETERS, ROBERT 311 CENTRE STREET

SUITE 204



INN HOUSE, INC.

Country

6. Name and Address of Current Registered Agent

Principal Place of Business

804 ATLANTIC AVENUE

FERNANDINA BEACH FL 32034

Mailing Address

804 ATLANTIC AVENUE

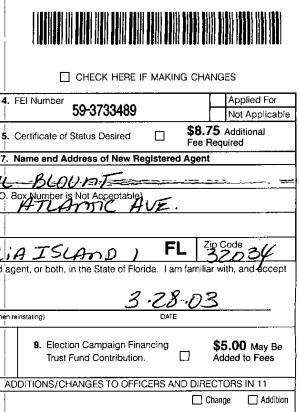
FERNANDINA BEACH FL 32034

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90308 044 ***150.00



FERNAND	NA BEACH FL 32034		City Ame	il id	a ISLAND 1	FL 嗖9	ode 3/		
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 .	Signature, typed or printed name of registered agreet and fills if app	olicable. (NOTE: Re	egistered Agent signature required	d when rei	instating) 0	8.03 ate			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.	~	.00 May Be ded to Fees		
±10.	OFFICERS AND DIRECTO	RS	11.	'AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 11		
	D BLOUNT, GAYL A 804 ATLANTIC AVENUE FERNANDINA BEACH FL 32034	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🔲 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🔲 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	e e e e e e e e e e e e e e e e e e e	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100	e e esta personale de la companya d	☐ Chang	e 🔲 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Chang	e Addition		
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information									

Country

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 10 or Block 11 if changed, or on an attachment with an appears in block 10 or Block 11 if changed.

SIGNATURE: