

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

DOCUMENT #

PO10000046505

1. Entity Name

Suites Away Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

115 N.W. 97th Terrace

Suite, Apt. #, etc.

3. Mailing Address

934 N. University Dr
#417

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33071

Country

USA

Zip

33071

Country

USA

4. FEI Number

65-1102671

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Shands Sublett

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

115 NW 97th Terrace

City Coral Springs

FL 33071

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 Shands Sublett

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/16/02

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE President
NAME Shands Sublett
STREET ADDRESS 115 NW 97th Terrace
CITY-ST-ZIP Coral Springs, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEO
NAME Riches Sublett
STREET ADDRESS 115 NW 97th Terrace
CITY-ST-ZIP Coral Springs, FL 33071

TITLE
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 on an attachment with an address, with all other like empowered

SIGNATURE: Shands Sublett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shands Sublett 6/16/02 (954)346-5666

Daytime Phone #

CR2E034B (12/01)



Attachment
FEI# 65-1102671
B0126B86

Attachment

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 29, 2002

SUITES AWAY CORPORATION
934 N. UNIVERSITY DRIVE
#417
CORAL SPRINGS, FL 33071

SUBJECT: SUITES AWAY CORPORATION
Ref. Number: P01000046585

We have received your document for SUITES AWAY CORPORATION, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$150.00. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

* * * application was
→ not enclosed —
-- Could not down
load information .

~~Attachment~~
~~SUITES AWAY~~

010010004655 Attachment
FEI # 65-1102671

B0126386 "Your Home Suite Home"

(954) 340-5666
(954) 340-9633 FAX

~~6386~~
CORAL SPRINGS, FL 33071
E-MAIL: suitesaway@aol.com

TO Florida Dept. of State,
I did not recieve
the forms to re-enstate
my Florida Corporation.
Here is a check
for \$150.00 - Please
Send me the forms.

Suites Away Corporation
934 n. University Dr. #417
Coral Springs, Fl.
33071

TAX ID
65-1102671