

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90323 041 \*\*\*150.00

**DOCUMENT # P02000037463**

1. Entity Name  
**WILMINGTON INNKEEPERS CORPORATION**



Principal Place of Business  
**1100 LINTON BLVD.  
SUITE C-9  
DELRAY BEACH FL 33444**

Mailing Address  
**1100 LINTON BLVD.  
SUITE C-9  
DELRAY BEACH FL 33444**

**55042980**



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WALSH, MICHAEL  
1100 LINTON BLVD. #9  
DELRAY BEACH FL 33444** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WALSH, MARK  
1100 LINTON BLVD. #9  
DELRAY BEACH FL 33444** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WALSH, WILLIAM  
1100 LINTON BLVD. #9  
DELRAY BEACH FL 33444** ☐ Delete

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Michael Walsh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)

Attachment 55042980  
#P02000037463

Form <b>SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)		EIN
		▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0003
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <u>Wilmington Inkeepers Corporation</u>			
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <u>1100 Linton Blvd Suite C-9</u>		5a Street address (if different) (Do not enter a P.O. box.)	
	4b City, state, and ZIP code <u>Delray Beach, FL 33444</u>		5b City, state, and ZIP code	
	6 County and state where principal business is located <u>Palm Beach (County) Florida (State)</u>			
	7a Name of principal officer, general partner, grantor, owner, or trustee <u>Richard C. Aie Executive Vice President</u>		7b SSN, ITIN, or EIN <u>135-44-8086</u>	
	8a Type of entity (check only one box)			
	<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent)			
	<input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (SSN)			
	<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <u>1120 tax return</u> <input type="checkbox"/> Trust (SSN of grantor)			
<input type="checkbox"/> Personal service corp. <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government				
<input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military				
<input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises				
<input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Group Exemption Number (GEN) ▶				
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State <u>Florida</u>	Foreign country <u>N/A</u>	
9 Reason for applying (check only one box)		<input type="checkbox"/> Banking purpose (specify purpose) ▶		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>real estate acquisition</u>		<input type="checkbox"/> Changed type of organization (specify new type) ▶		
<input type="checkbox"/> Hired employees (Check the box and see line 12.)		<input type="checkbox"/> Purchased going business		
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Created a trust (specify type) ▶		
<input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Created a pension plan (specify type) ▶		
10 Date business started or acquired (month, day, year) <u>April 5, 2002</u>		11 Closing month of accounting year <u>December</u>		
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)		<u>N/A</u>		
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."		Agricultural <input checked="" type="checkbox"/>	Household <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>
14 Check one box that best describes the principal activity of your business.		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail		<input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify)		
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.				
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.				
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶				
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN				
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.			
	Designee's name		Designee's telephone number (include area code)	
Third Party Designee	Address and ZIP code		Designee's fax number (include area code)	
	Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ <u>Richard C. Aie Executive Vice President</u>		Applicant's telephone number (include area code) <u>(603) 559-2101</u>		
Signature ▶ <u>[Signature]</u>		Applicant's fax number (include area code) <u>(603) 559-2183</u>		
Date ▶ <u>3/2/03</u>				