

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92205 033 ***150.00

DOCUMENT # P02000109130

1. Entity Name
HOSPITALITY PERKS INCORPORATED



Principal Place of Business
**618 DRAKE LANE NORTH
DUNEDIN FL 33698**

Mailing Address
**618 DRAKE LANE NORTH
DUNEDIN FL 33698**

2. Principal Place of Business
9060 Blind Pass Rd.

3. Mailing Address
9060 Blind Pass Rd.

Suite, Apt. #, etc.
12

Suite, Apt. #, etc.
12

City & State
St. Pete Beach, FL

City & State
St. Pete Beach, FL

Zip
33706

Country
USA

Zip
33706

Country
USA

4. FEI Number
27-0033008

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FLORIDA AGENT SERVICES, INC.
1221 BRICKELL AVE., SUITE 900
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Donald J. Cummings**

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

9060 Blind Pass Rd. #12

City **St Pete Beach** FL Zip Code **33706**

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 **Donald J. Cummings** President DATE **May 1, 2003**

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CUMMINGS, DONALD J 618 DRAKE LANE NORTH DUNEDIN FL 33698 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 9060 Blind Pass Rd. St. Pete Beach, FL #12 33706 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Donald J. Cummings
SIGNATURE REQUIRED

May 1, 2003 (727) 504-1944

CR2E034 (10/02)