

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000119266

FILED
Jan 27, 2003
Secretary of State

Entity Name: DAVENPORT HOSPITALITY, INC.

Current Principal Place of Business:

C/O COMFORT INN
16630 WEST HIGHWAY 441
MT. DORA, FL 32757

New Principal Place of Business:

HAMPTON INN
44117 HWY 27
DAVENPORT, FL 33897

Current Mailing Address:

C/O COMFORT INN
16630 WEST HIGHWAY 441
MT. DORA, FL 32757

New Mailing Address:

FEI Number: 56-2302070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAROLIA, JANAK S
C/O COMFORT INN
16630 WEST HIGHWAY 441
MT. DORA, FL 32757

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAROLIA, JANAK S
Address: 16630 WEST HIGHWAY 441
City-St-Zip: MT. DORA, FL 32757

Title: D () Delete
Name: DESAI, THAKOR C
Address: 935 SPRINGFIELD ROAD
City-St-Zip: MILLBRAE, CA 94030

Title: D () Delete
Name: NAIK, HEMANT
Address: 5620 US HWY 27 N
City-St-Zip: DAVENPORT, FL 33897

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DESAI, THAKOR C
Address: 1107 MOCKING BIRD CT.
City-St-Zip: SAN JOSE, CA 95120

Title: D (X) Change () Addition
Name: NAIK, HEMANT
Address: 44199 HWY 27
City-St-Zip: DAVENPORT, FL 33897

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEMANT N. NAIK

SEC

01/27/2003

Electronic Signature of Signing Officer or Director

_____ Date