## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 24, 2000 8:00 am Secretary of State DOCUMENT # **P03506** 1. Entity Name **ECONOMY MOTELS OF AMERICA INCORPORATED** 03-24-2000 90092 036 \*\*\*150.00 Principal Place of Business Mailing Address 755 RAINTREE DRIVE 755 RAINTREE DRIVE CARLSBAD CA 92009-3215 CARLSBAD CA 92009 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 95-3869325 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. Change VSD TITLE Addition TITLE Delete HERRICK, DONNA M. NAME NAME STREET ADDRESS STREET ADDRESS 15632 LAS PLANIDERAS CITY-ST-ZIP CITY-ST-ZIP RANCHO SANTA FE CA De!ete TITLE TX Change Addition TITLE O'Connor, Timothy O'CONNOR, TIMOTHY NAME NAME 12773 Cherrywood STREET ADDRESS 14525 GARDEN ROAD STREET ADDRESS CITY-ST-ZIP Poway, CA CITY-ST-ZIP POWAY CA Change Addition De'ete TITLE HERRICK, WILLIAM C. NAME Herrick, William C. NAME STREET ADDRESS 755 RAINTREE DRIVE STREET ADDRESS 755 Raintree Drive CITY-ST-7IP CITY-ST-ZIP CARLSBAD CA Carlsbad, CA Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

> Timothy K. O'Connor YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

760-438-6661

Daytime Phone #