

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90019 012 ***150.00

001413 AV

DOCUMENT # P94000034717

1. Entity Name
SERVICO MELBOURNE, INC.

Principal Place of Business

**3445 PEACHTREE RD NE
 SUITE 700
 ATLANTA GA 30326**

Mailing Address

**3445 PEACHTREE RD NE
 SUITE 700
 ATLANTA GA 30326**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0494226

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

**CT 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONAL INFORMATION FOR OFFICERS AND DIRECTORS IN 11

TITLE NAME **P. GUTIERREZ, KARYN M** ☒ Delete
 STREET ADDRESS **3445 PEACHTREE RD NE SUITE 700**
 CITY-ST-ZIP **ATLANTA GA 30326**

TITLE NAME **President/Treasurer Amaral, Michael W.** ☐ Change ☒ Addition
 STREET ADDRESS **3445 Peachtree Road, NE., Ste. 700**
 CITY-ST-ZIP **Atlanta, Georgia 30326**

TITLE NAME **S GRYBOSKI, THOMAS S** ☒ Delete
 STREET ADDRESS **3445 PEACHTREE RD NE., STE 700**
 CITY-ST-ZIP **ATLANTA GA 30326**

TITLE NAME **VP/Secretary Ellis, Daniel E.** ☐ Change ☒ Addition
 STREET ADDRESS **3445 Peachtree Road, NE., Ste. 700**
 CITY-ST-ZIP **Atlanta, Georgia 30326**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
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TITLE NAME ☐ Delete
 STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 25 2002

Date

Daytime Phone #

404-364-9400

CR2E034 (9/01)