CR2E034 (10/02)

FILED Mar 27, 2003 8:00 am **Secretary of State**

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

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P95000018358 1. Entity Name 03-27-2003 90070 030 ***150.00 LODGESOUTH, INC. Principal Place of Business Mailing Address 205 È INTENDENCIA 205 INTENDENCIA PENSACOLA FL 32501 PENSACOLA FL 32501 HS US 2. Principal Place of Business Mailing Address <u> 25</u> W Codar Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite 4. FEI Number Applied For 59-3308834 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent MCALPIN, RICHARD R 205 E INTENDENCIA PENSACOLA FL 32501 bin6acola 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 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST Delete TITLE TITLE ☐ Addition MCALPIN, RICHARD R NAME NAME W. Cedar St., Suite 313 205 E INTENDENCIA STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP Pensacola. Fl 32501 ☐ Delete TITLE TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete - 🔄 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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