

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90001 010 ***558.75

MARKED
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DOCUMENT # P95000064365

1. Entity Name
HUFF HOTELS, INC.

Principal Place of Business

**4577 HWY 27 E
 NICEVILLE FL 32578
 US**

Mailing Address

**4577 HWY 27 E
 NICEVILLE FL 32578
 US**

978541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3335096

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

**HUFF, BRANDON A
 4590 HWY 20 E
 NICEVILLE FL 32578**

Name **DEEPAK. L. PATEL.**

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

4577. HWY 20E.

City **NICEVILLE.**

FL

Zip Code **32578**

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

Deepak L. Patel

DEEPAK. L. PATEL.

9/10/07

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUFF, BRANDON A	
STREET ADDRESS	4590 HWY 20 E	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	HUFF, CHANDLER J	
STREET ADDRESS	4590 HWY 20 E	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEEPAK. L. PATEL	
STREET ADDRESS	4577. HWY 20E.	
CITY-ST-ZIP	NICEVILLE. FL. 32578	
TITLE	SECRETARY.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEEPAK. L. PATEL	
STREET ADDRESS	4577. HWY 20E.	
CITY-ST-ZIP	NICEVILLE. FL. 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Deepak L. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/07 850-897-0600

Date

Daytime Phone #

CR2E034 (5/01)