## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P98000058297

City-St-Zip:

Entity Name: PALM SPRINGS EXECUTIVE SUITES, INC.

FILED Apr 22, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** SUNTRUST OFFICE BUILDING 498 PALM SPRINGS DRIVE, #100 ALTAMONTE SPRINGS, FL 32701 **New Mailing Address: Current Mailing Address:** SUNTRUST OFFICE BUILDING 498 PALM SPRINGS DRIVE, #100 ALTAMONTE SPRINGS, FL 32701 FEI Number: 59-3520613 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COX, PAUL A 1156 HOLLOW PINE DRIVE OVIEDO, FL 32765 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 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition O'NEAL, CLEVELAND Name: Name: 674 CAYUGA DR Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: COX, PAUL A Name: 1156 HOLLOW PINE DR Address: Address: OVIEDO, FL 32765 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: ( ) Change (X) Addition Name: KARNUTH, JESSICA M Name: 3227 NATOMA WAY Address Address:

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.

City-St-Zip:

ORLANDO, FL 32825

SIGNATURE: PAUL COX VP 04/22/2002