

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90154 033 \*\*\*150.00

**DOCUMENT # P98000058297**

**1. Entity Name**  
**PALM SPRINGS EXECUTIVE SUITES, INC.**



**Principal Place of Business**  
SUNTRUST OFFICE BUILDING  
498 PALM SPRINGS DRIVE, #100  
ALTAMONTE SPRINGS FL 32701

**Mailing Address**  
SUNTRUST OFFICE BUILDING  
498 PALM SPRINGS DRIVE, #100  
ALTAMONTE SPRINGS FL 32701



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** 59-3520613

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**

COX, PAUL A  
1156 HOLLOW PINE DRIVE  
OVIEDO FL 32765

Name COX, PAUL A  
Street Address (P.O. Box Number is Not Acceptable)  
15 COLONIAL DR  
City Cocoa Beach FL Zip Code 32931

**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 registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME P  
STREET ADDRESS O'NEAL, CLEVELAND  
CITY-ST-ZIP 674 CAYUGA DR  
WINTER SPRINGS FL 32708

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS COX, PAUL A  
CITY-ST-ZIP 1156 HOLLOW PINE DR  
OVIEDO FL 32765

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 15 COLONIAL DR  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS KARNUTH, JESSICA M  
CITY-ST-ZIP 3227 NATOMA WAY  
ORLANDO FL 32825

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**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 like empowered.**

**SIGNATURE:**

Jessica Karnuth JESSICA KARNUTH 3/20/03 407 2619000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)