

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080215

1. Entity Name
PERDIDO KEY HOSPITALITY, INC.



FILED

03 MAR 10 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2726 N. MONROE ST.
TALLAHASSEE FL 32303
US

Mailing Address
2726 N. MONROE ST.
TALLAHASSEE FL 32303
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3537473

Applied For
Not Applicable

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

PATEL, SAMIR R
2726 N. MONROE ST.
TALLAHASSEE FL 32303

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. 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
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS PARSHOTAM, OOMESH
CITY-ST-ZIP 7194 PENSACOLA BLVD.
PENSACOLA FL 32505

☐ Change ☐ Addition
900014093269
03/14/03--01068--024 **150.00

TITLE ☐ Delete
NAME DP
STREET ADDRESS PATEL, JAYESH H
CITY-ST-ZIP 1504 S. MCKENZIE ST.
FOLEY AL 36535

☐ Change ☐ Addition

TITLE ☐ Delete
NAME VTD
STREET ADDRESS PATEL, SAMIR R
CITY-ST-ZIP 2726 N. MONROE ST.
TALLAHASSEE FL 32303

☐ Change ☐ Addition

TITLE ☐ Delete
NAME VSD
STREET ADDRESS PATEL, KETAN M
CITY-ST-ZIP 2121 ADDERBURY LANE
SMYRNA GA 30082

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: SAMIR R. PATEL 3-10-03 850-386-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)