

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90218 046 ***150.00

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DOCUMENT # P99000025278

1. Entity Name
SOUTHERN HOSPITALITY PARTNERS, INC.



Principal Place of Business
1555 N.E. OCEAN BLVD.,#N308
STUART FL 34996

Mailing Address
1555 N.E. OCEAN BLVD.,#N308
STUART FL 34996

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 **65-0900040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANTLEY, W.LAWRENCE
1555 N.E. OCEAN BLVD.,#N308
STUART FL 34996

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BRANTLEY, J A	
STREET ADDRESS	3887 PLAZA DR	
CITY-ST-ZIP	FAIRFAX VA 22030	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GABRIELE, FIORITI	
STREET ADDRESS	3887 PLAZA DR	
CITY-ST-ZIP	FAIRFAX VA 22030	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	BRANTLEY, JILL	
STREET ADDRESS	3887 PLAZA DR	
CITY-ST-ZIP	FAIRFAX VA 22030	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRANTLEY, JILL	
STREET ADDRESS	3887 PLAZA DR	
CITY-ST-ZIP	FAIRFAX VA 22030	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/03 **954-763-7275**
Date Daytime Phone #

CR2E034 (10/02)