2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000026211 May 11, 2000 8:00 am Secretary of State 1. Entity Name HOTEL GUIDES, INC. 04-05-2000 90093 028 ***158.75 Principal Place of Business Mailing Address 927 HICKORY ST. P.O. BOX 160158 ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32716-0158 3. Mailing Address , 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 591-3638778 Not Applicable \$8.75 Additional Country Zip Country 5.. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCHENRY, RICHARD J SR. Street Address (P.O. Box Number is Not Acceptable) 927 HICKORY ST. **ALTAMONTE SPRINGS FL 32701** City 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. 3/31/00 SIGNATURE Signature, typed or printed name of registered agei FILE NOW FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and efects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 11.00 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME CHARLJ. MCHENRY SN STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition | Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐:Change ☐ Addition ☐ Delete TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MALIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 cath, 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: