

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035948

1. Entity Name  
HOTEL RENOVATIONS, INC.

Principal Place of Business  
714 NORTH BERMUDA AVE.  
KISSIMMEE FL 34741

Mailing Address

714 NORTH BERMUDA AVE.  
KISSIMMEE FL 34741

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State

Zip      Country

City & State

Zip      Country

4. FEI Number

59-3571138

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HUGHES, CARL J  
714 NORTH BERMUDA AVE.  
KISSIMMEE FL 34741

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)     

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.       \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE      D  
NAME      HUGHES, CARL J  
STREET ADDRESS      714 NORTH BERMUDA AVE.  
CITY-ST-ZIP      KISSIMMEE FL 34741

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change       Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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Change       Addition

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carl J. Hughes*

CARL J. HUGHES

4/30/01      407 870 1086

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)