2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCU	MENT#
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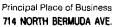
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1. Entity Name

HOTEL RENOVATIONS, INC.







KISSIMMEE FL 34741

Mailing Address

714 NORTH BERMUDA AVE.

KISSIMMEE FL 34741

2. Principal Place of Business 3. Mailing Address 528 . S. 3rd Street Suite, Apt. #, etc. Suite, Apt. #, etc.

May 05, 2003 8:00 am Secretary of State

05-05-2003 91427 016 ***150.00



CHECK HERE IF MAKING CHANGES

City & State	City & State Oarland MO	4. FEI Number 59-3571138	Applied For Not Applicable	
Zip Country	Zip Cou	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Currer	t Registered Agent	7. Name and Address of New Registered Agent		
		Namo		

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

Street Address (P.O. Box Number is Not Acceptable)

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. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be Added to Fees

	k Payable to Florida Department of State			Trust Fund Contribution.	☐ Added	I to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, CARL J 714 NORTH BERMUDA AVE. KISSIMMEE FL 34741	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS -CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	Change	Addition
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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:

301-533-0941

Daytime Phone #