2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000097795 **DOCUMENT #**



FILED Mar 12, 2003 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAPPY H	OLIDAY I	MOTEL TWO, INC			03-12-2003 900′	78 028 ***150	.00
Suita Apt #, oto Suita Apt #, oto Suita Apt #, oto Grey & State Suita Apt #, oto Grey & State Suita Apt #, oto Grey & State Suita Apt #, oto Rot Applicable	1701 N. ATLANTIC AVE. 1701 N. ATLANTIC AVE.				118			
City & State City & State City & State Country Country Country See Address of Country Englishmed Agent A. FEI Number See 3584820 See Address of Country Englishmed Agent See Address of Country Englishmed Agent To In. ATLANTIC AVE. DAYTONA BEACH FL 32118 City FILE NowWiff FEE IS \$150.00 After May 1, 2003 Fee Will be \$580.00 Make Check Pepable to Fiorida Department of State DAYTONA BEACH FL 32118 The Now In the State of Florida Lam familiar with, and acceptable The Address (P.C. Box Number is Not Acceptable) On The	2. Principal P	Place of Busin	ess	3. Mailing Address		<u> </u>		
Time	Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
S. Defractable in Source Science Fige Required	City & State	e		City & State		4. FEI Number 59-3584820	No	t Applicable
HARRIPERSAUD, VEIRMA M 1701 N. ATLANTIC AVE. DAYTONA BEACH FL 32118 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. i am familiar with, and accept the obtgigations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obtgigations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obtgigations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obtgigations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obtgigations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obtgigations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obtgigations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obtgigations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obtgigations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obtgigations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obtgigations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obtgigations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obtgigations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obtgigations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obtgigations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obtgigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obsgigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obsgigations of Florida agent agent agent agent agent agen	Zip		Country	Zip	1		Fee Required	
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DAYTONA BEACH FL 32118 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 familier with, and accept the obligations of registered agent. SIGNATURE Signature, byte or printed name of registered agent and still a application. (NOTE Registered Agents synotum required when remaining) DATE			VE			s (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent. SIGNATURE Suprave, fund or printed name of registered agent and take applicable. (NOTE: Registered Agent signature required when remutative) DATE	DAYTONA	BEACH FL						l
The obligations of registered agent. SIGNATURE Signative typed or protect name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							r L	
FILE NOW!!! FEE IS \$150.00 After May 1; 2003 Fee Will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE HARRIPERSAUD, VISHNU 1701 N. ATLANTIC AVE. DAYTONA BEACH FL 32118 1701 N. ATLANTIC AVE. DAYTONA BEACH FL 32118 TITLE NAME STREET ADDRESS CITY-ST-2P TOP TOP TOP TOP TOP TOP TOP T				or the purpose of changing its	s registered office or regist	ered agent, or both, in the State of Florida.	I am familiar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1; 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed	or printed name of registered ager	at and title if applicable. (NO	TE: Registered Agent signature requi	red when reinstating)	DATE	
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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: