2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # S33986 1. Entity Name SOUTHERN HOSPITALITY MANAGEMENT, INC. 04-16-2002 90053 045 ***150.00 Principal Place of Business Mailing Address 4047 SALMAN DR 4047 SALMAN DR SALMON SALMON ORLANDO FL 32835 ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3051595 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEMENT, DENNIS G. Street Address (P.O. Box Number is Not Acceptable) 4047 SALMON DR ORLANDO FL 32835 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME DENNIS, BEMENT G STREET ADDRESS 4047 SALMON DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME BEMENT, ANN C NAME STREET ADDRESS STREET ADDRESS 4047 SALMON DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BEMENT, TRAVIS A NAME STREET ADDRESS STREET ADDRESS 4047 SALMON DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BEMENT, TRACY J NAME STREET ADDRESS 4047 SALMON DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

SIGNATURE:

other like empowered

changed, or on an attachmen