FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State
05-23-2002 90074 035 ***150.00

DOCUMENT # S44149

1. Entity Name
Friendship Motels of Mount Dora, Inc.

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2. Principal Place of Business	3. Mailing Address	4. FEI Number: 59-3059860 ☐ Applied For ☐ Not Applicable
18730 N. New Hwy. 441	441 Prairie Lake Cove	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Mt. Dora, FL	City & State: Altamonte Springs, FL	
Zip: 32757 Country: Lake	Zip: 32701 Country: Seminole	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ATUL PATEL
Street Address (P.O. Box Number is Not Acceptable):
441 Prairie Lake Cove
City: Altamonte Springs FL Zip Code: 32701

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] 4.13.02
(Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changed) DATE

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	ATUL PATEL
STREET ADDRESS	441 Prairie Lake Cove
CITY-ST-ZIP	Altamonte Springs, FL 32701
TITLE	VD
NAME	MRUDULA PATEL
STREET ADDRESS	441 Prairie Lake Cove
CITY-ST-ZIP	Altamonte Springs, FL 32701
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4.13.02 407-221-5335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #