

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V26226

1. Entity Name
BUDGET INN OF TALLAHASSEE, INC.



FILED
08 APR -7 PM 12: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1402 WEST TENNESSEE STREET
TALLAHASSEE, FL 32304

Mailing Address
1402 WEST TENNESSEE STREET
TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3122471

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAINER, FRANK P
215 SOUTH MONROE STREET
SUITE 600
TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME PATEL, JAIDEV (JAY)
STREET ADDRESS 1402 W TENNESSEE ST.
CITY- ST- ZIP TALLAHASSEE, FL 32304

TITLE ☐ Change ☐ Addition
NAME 600122472966
STREET ADDRESS 04/08/08--01001--001
CITY- ST- ZIP **150.00

TITLE D ☐ Delete
NAME PATEL, DAXA J
STREET ADDRESS 1402 W. TENNESSEE ST.
CITY- ST- ZIP TALLAHASSEE, FL 32304

TITLE ☐ Change ☐ Addition
NAME *\$79/7*
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #