2001 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2001 8:00 am Secretary of State V37955 DOCUMENT # 1. Entity Name 09-12-2001 90022 009 ***550.00 BUDGET INNS OF PENSACOLA, INC. Principal Place of Business Mailing Address 6911 PENSACOLA BLVD 4300 BAYOU BLVD. **SUITES 12 & 13** PENSACOLA FL 32505 PENSACOLA FL 32503 US US 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 59-3138119 Not Applicable Zip Zip Country 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 PATEL, ANIMESH Street Address (P.O. Box Number is Not Acceptable) 6911 PENSACOLA BLVD PENSACOLA FL 32505 City Zip Code 8. The alpove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible _10._Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (5/01) TITLE Delete TITLE ☐ Addition PATEL, ANIMESH M NAME NAME 6911 PENSACOLA BLVD. STREET ADDRESS STREET ADDRESS PENSACOLA FL 32505 CITY-ST-ZIP CITY-ST-7IP **VPS** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NATHUBHAI, RAMAN NAME NAME 6911 PENSACOLA BLVD STREET ADDRESS STREET ADDRESS PENSACOLA FL 32505 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PATEL, MADHU NAME 6911 PENSACOLA BLVD. STREET ADDRESS STREET ADDRESS PENSACOLA FL 32505 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RAMAN, BHANU HIRA 6911 PENSACOLA BLVD. STREET ADDRESS STREET ADDRESS PENSACOLA FL 32505 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED