FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 09, 2001 8:00 am Secretary of State **DOCUMENT # V39981** 1. Entity Name SERVICO, INC. 02-09-2001 90226 039 \*\*\*150.00 Principal Place of Business Mailing Address 3445 PEACHTREE ROAD N.E., STE 700 3445 PEACHTREE ROAD N.E., STE 700 ATLANTA GA 30326 ATLANTA GA 30326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0350241 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete TITLE TITLE Change ☐ Addition FLANDERS, ROBERT NAME NAME Karyn Marasco Gutierrez STREET ADDRESS STREET ADDRESS 3445 PEACHTREE RD. NE 3445 Peachtree Rd. NE, Suite 700 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30326 Atlanta, GA 30326 Addition ☐ Change TITLE ☐ Delete TITLE GRYBOSKI, THOMAS S NAME NAME STREET ADDRESS STREET ADDRESS 3445 PEACHTREE ROAD N.E., STE 700 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30326 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 wilk ampodress) with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas S. Gryboski, Sec. 404-365-2787 1/31/01

Daytime Phone #