


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90078 012 ***150.00

DOCUMENT # J61437

1. Entity Name
AMERICAN INN OF COLUMBIA COUNTY, INC.



Principal Place of Business
% PRAPT/INTERSTATE GROUP
P.O. BOX 2536
DES PLAINES IL 60017-2536

Mailing Address
ARVIND PATEL
4295 EISENHOWER CIR.
HOFFMAN ESTATES IL 60195



2. Principal Place of Business
ARVIND PATEL

3. Mailing Address
4295 EISENHOWER

Suite, Apt. #, etc.
4295 4295 EISENHOWER

City & State
HOFFMAN ESTATES IL

CHECK HERE IF MAKING CHANGES

Zip
60195 Country
US

Zip
60195 Country

4. FEI Number **59-1792440**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRANNON, BROWN, HALEY, ROBINSON & COLE, PA
10 N COLUMBIA STREET
ATTN MR. BILL HALEY
LAKE CITY FL 32055-0922

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	SD PATEL, A 4295 EISENHOWER CIRCLE HOFFMAN ESTATES IL 60195	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, ARVIND M.D. 4295 EISENHOWER CIRCLE HOFFMAN ESTATES IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arvind Patel Date 3/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)