2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jun 05, 2000 8:00 am Secretary of State **DOCUMENT # H72044** 1. Entity Name ANGELO'S SEAFOOD RESTAURANT, INC. 06-05-2000 90012 015 ***150.00 Principal Place of Business Mailing Address U.S. HIGHWAY 319 AT OCHLOCKNEE BRIDGE U.S. HIGHWAY 319 AT OCHLOCKNEE BRIDGE P O BOX 159 P O BOX 159 A G G G G G G G G PANACEA FL 32346 PANACEA FL 32346-0159 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State -----City & State 4. FEI Number 59-2583926 Not Applicable Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETRANDIS, ARLINE S. Street Address (P.O. Box Number is Not Acceptable) ANGELOS SEAFOOD RESTAURANT US 98 PANACEA FL 32346 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition PD TITLE TITLE ☐ Delete NAME NAME PETRANDIS, ANGELO STREET ADDRESS STREET ADDRESS P O BOX 158 N/A CITY-ST-ZIP CITY-ST-7IP PANACEA FL ☐ Addition Change ☐ Delete TITLE TITLE NAME PETRANDIS, ARLINE S. NAME STREET ADDRESS STREET ADDRESS P-O BOX-158 N/A ----CITY-ST-ZIP CITY-ST-ZIP PANACEA FL Addition Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

HITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE