2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am Secretary of State H72044 DOCUMENT # 1. Entity Name ANGELO'S SEAFOOD RESTAURANT, INC. 04-29-2002 90095 005 ***150.00 Mailing Address Principal Place of Business U.S. HIGHWAY 319 AT OCHLOCKNEE BRIDGE U.S. HIGHWAY 319 AT OCHLOCKNEE BRIDGE P O BOX 159 P O BOX 159 PANACEA FL 32346 PANACEA FL 32346 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2583926 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition TITI F □ Delete TITLE PETRANDIS, ANGELO NAME NAME P O BOX 158 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANACEA FL CITY-ST-ZIP ☐ Addition Change TITLE TITLE STD ☐ Delete NAME PETRANDIS, ARLINE S. STREET ADDRESS STREET ADDRESS P O BOX 158 N/A CITY-ST-ZIP CITY-ST-ZIP PANACEA FL Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE 经基份利益 海流流音 NAME NAME RIC, ... STREET ADDRESS STREET ADDRESS PANASEA AL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE iethynog-word NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Defete TITLE Change TITLE NAME 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 with an address, with all entry like empowered.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02

Daytime Phone #

FILED