FILED

2002 Uniform Business Report (UBR)

of the corporat

Apr 11, 2002 8:00 am Secretary of State K07571 DOCUMENT # 1. Entity Name 04-11-2002 90696 038 ***150.00 BUD'S CHICKEN AND SEAFOODS OF MARGATE, INC. Principal Place of Business Mailing Address 518 INDUSTRIAL AVENUE 518 INDUSTRIAL AVENUE SUITE 12 SUITE 12 **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0115279 Not Applicable 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 BRINKMAN, MICHAEL A. Street Address (P.O. Box Number is Not Acceptable) 518 INDUSTRIAL AVENUE SUITE 12 **BOYNTON BEACH FL 33426** Zip Code FL 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) 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, 2002 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. CR2E034 (9/01) Addition TITLE ☐ Delete TITLE BRINKMAN, MARK D. NAME NAME 518 INDUSTRIAL AVE. #12 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33426** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE BRINKMAN, MICHAEL A. NAME NAME 518 INDUSTRIAL AVE. #12 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33426** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition BRINKMAN, THOMAS P. NAME NAME 518 INDUSTRIAL AVE. #12 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33426** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change 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 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ental 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 trastile improvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it I hereby certify the indicated on this

ABRINKWAN 3/19/02