2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am Secretary of State DOCUMENT # P93000006172 1. Entity Name 05-23-2002 90094 008 ***150.00 SIESTA BAR/GRILL, INC. Principal Place of Business Mailing Address 5250 OCEAN BLVD 5250 OCEAN BLVD SARASOTA FL 34242 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0389284 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ---- 6.- Name and Address of Current Registered Agent. SYPRETT, TROY D Street Address (P.O. Box Number is Not Acceptable) 5254 OCEAN BLVD SARASOTA FL 34242 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9.. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)TITLE ☐ Delete TITLE Change Addition NAME SYPRETT, TROY D NAME STREET ADDRESS 5250 OCEAN BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME MATTHES, RUSSELL STREET ADDRESS STREET ADDRESS 5250 OCEAN BLVD CITY-ST-ZIP SARASOTA FL-34242 CITY - ST - ZIP. -☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 true 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

SIGNATURE:

4/29/02 941-341-1664 Daytime Phone #

FILED