2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2002 8:00 am Secretary of State DOCUMENT # P96000060537 1. Entity Name STEAK HOUSE INCORPORATED 05-22-2002 90293 001 ****75.00 05-22-2002 90293 002 ****75.00 Principal Place of Business Mailing Address 750 N. MAITLAND AVE: 200 N. THORNTON AVENUE MAITLAND FL 32751 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3422559 Not Applicable Zip 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 BROWN, DON L ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 N. THORNTON AVENUE ORLANDO FL 32801 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 TITLE ☐ Delete TITLE Addition CR2E034 (9/01) Change VEIGLE, JAMES NAME NAME STREET ADDRESS 200 N. THORNTON AVE. STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP TITLE VSD ☐ Delete TITLE Addition Addition NAME veigle, charles NAME STREET ADDRESS 200 N.THORNTON AVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAMÉ 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 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME

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 attachmen

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP