May 27, 2002 8:00 am § Secretary of State FILED 2002 UNIFORM BUSINESS REPORT (UBR) P99000006367 DOCUMENT # 1. Entity Name BIG MAN'S SMOKIN' B-B-Q INC. 05-27-2002 90488 038 ***150.00 Principal Place of Business Mailing Address 6266 CRANBERRY LN. W. 6266 CRANBERRY LN. W. JACKSONVILLE FL 32244 JACKSONVILLE FL 32244 - PROSE & Garage Bright 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3542986 Ksonville Not Applicable Country DWAI \$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 LEWIS, SANDRA Street Address (P.O. Box Number is Not Acceptable) 4440 TRENTON DRIVE, NORTH JACKSONVILLE FL 32209 City Zip Code FL 8. The abive 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete Change ■ Addition LEWIS, SANDRA NAME NAME 6266 CRANBERRY LN W. STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32244 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition LEWIS, WILLIAM NAME NAME STREET ADDRESS 6266 CRANBERRY LN. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32244 CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition 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 of 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.

TITLE

NAME

TITLE

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SIGNATURE SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

MARIE II SEEL

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE

4-30-02

9047799354 Daytime Phone #

Change

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Date