FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Mate

Feb 21, 2001 8:00 am DOCUMENT # 529979 **Secretary of State** 1. Entity Name JIMBO'S RESTAURANTS, INC. 02-21-2001 90031 026 ***150.00 Principal Place of Business Mailing Address 4211 JACE COURT 4211 JACE COURT ESTERO FL 33928 ESTERO FL 33928 00019325 US 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 59-1726926 Not Applicable Zip Country 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 **DELODDER, FRANCOIS** Street Address (P.O. Box Number is Not Acceptable) **4211 JACE COURT** ESTERO FL 33928 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) 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, 2001 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. ☐ Delete CR2E034 (10/00) ☐ Change Addition TITLE TITLE. DELODDER, FRANCOIS NAME NAME **4211 JACE COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE DELODDER, MARY MARGARET NAME NAME STREET ADDRESS **4211 JACE COURT** STREET ADDRESS CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIP XXChange Delete TITLE ☐ Addition TITLE DELODDER, DEBORAH L. NAME NAME FULLER, DEBORAH L. **4211 JACE COURT** STREET ADDRESS STREET ADDRESS 112NE 5th AVENUE ESTERO FL 33928 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL, FLORIDA 33909 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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

DeLodder

2-15-01 Date