2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 02, 2002 8:00 am Secretary of State F22087 DOCUMENT # 1. Entity Name 04-02-2002 90858 043 ***150.00 ARNOLD'S DRIFTWOOD RESTAURANT AND LOUNGE, INC. Principal Place of Business Mailing Address 10877 OVERSEAS HWY 10877 OVERSEAS HWY MARATHON FL 33050 MARATHON FL 33050 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 59-2201084 Not Applicable - · Zip - - - - -Country Country Zin - . . - . \$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 Name MICHAEL L. CRIMELLA Street Address (P.O. Box Number is Not Acceptable) 81599 OLD HIGHWAY SUITE 40 ISLAMORADA FL 33036 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 trile it applicable. (NOTE: Registered Agent signature regulted when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 (9/01) TITLE ☐ Delete me Change | Addition BLATT, ARNOLD NAME NAME CR2E034 10877 OVERSEAS HWY STREET ADORESS STREET ADORESS CITY-ST-ZIP MARATHON FL CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ARCHESS CITY-ST-ZIP CITY-ST-ZIP TITLE IITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete MLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deleta TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete 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 certify 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 attachment with an address, with all other like empowered.

FILED