2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Jan 08, 2001 8:00 am Secretary of State DOCUMENT # F93000000822 ROYAL PALMS BOWLING CENTER, INC. 01-08-2001 90050 018 ***150.00 Principal Place of Business Mailing Address 800 US 27 SOUTH 800 US 27 SOUTH LAKE PLACID FL 33852 LAKE PLACID FL 33852 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite Apt # etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 35-1878234 Not Applicable Zip Country 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 MILES, ROBERT T SR. Street Address (P.O. Box Number is Not Acceptable) 81 COLE DANLEY LAKE PLACID FL 33852 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** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change ☐ Addition ☐ Delete TITLE NAME MILES, ROBERT T SR. STREET ADDRESS STREET ADDRESS 123 NIEMAN STREET CITY-ST-ZIE CITY-ST-ZIP SUNMAN IN 47042 TITLE **X** Delete Change ☐ Addition STD NAME NAME MILES, BARBARA M STREET ADDRESS STREET ADDRESS 123 NIEMAN STREET CITY-ST-ZIP CITY-ST-ZIP SUNMAN IN 47042 ☐ Delete Change ☐ Addition TITLE PD MILES, HENRY S P.O. 3007 NAME NAME MILES, HENRY S STREET ADDRESS STREET ADDRESS 328 LAKE JUNE RD LAKE PLACIO, Fl. 33852 CITY-ST-ZIP CITY-ST-ZIP LAKE PLACID FL ☐ Addition ☐ Delete TITLE ☐ Chance TITLE NAME NAME MILES, ROBERT T JR. STREET ADDRESS STREET ADDRESS 123 NIEMAN STREET CITY-ST-ZIP CITY-ST-ZIF SUNMAN IN 47042 Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 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

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