2000 UNIFORM BUSINESS REPORT (UBR)

May 24, 2000 8:00 am Secretary of State **DOCUMENT # J51997** 1. Entity Name KITCHEN CABARET, INC. 05-24-2000 90080 019 ***150.00 Principal Place of Business Mailing Address C/O GREGORY K. WOOLEY C/O GREGORY K. WOOLEY 16295 S TAMIAMI TRAIL 16295 S TAMIAMI TRAIL FT. MYERS FL 33908-5326 FT. MYERS FL 33908 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2765512 Not Applicable . Zip Country \$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 WOOLEY, GREGORY K. Street Address (P.O. Box Number is Not Acceptable) 1400 S.W. 48TH TER. CAPE CORAL FL 33914 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 (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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. * OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE WOOLEY, GREGORY K. NAME 1400 S.W. 48TH TER. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL Change ☐ Addition TITLE TITLE ☐ Delete WOOLEY, SHERYL NAME STREET ADDRESS 1400 SW 48TH TERR STREET ADDRESS CITY-ST-ZIP CAPE.CORAL FL. CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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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 attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPEY OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Description Statutes. I further certify that the information 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information indicated on this report or supplemental report or supplemental report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that I decided to the indicated or th