2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83320 Mar 23, 2000 8:00 am 1. Entity Name Secretary of State ROCKLEDGE BAR-B-Q, INC. 03-23-2000 90019 037 ***150.00 Mailing Address Principal Place of Business 411 BARTON BLVD 411 BARTON BLVD ROCKLEDGE FL 32955 **ROCKLEDGE FL 32955-2709** 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 59-2821502 Not Applicable 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 KELLER, JANET I Street Address (P.O. Box Number is Not Acceptable) 411 BARTON BLVD ROCKLEDGE FL 32955 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change Addition Delete TITLE KELLER, JESSE NAME NAME 411 BARTON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCKLEDGE FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE KELLER, JANET I. 411 BARTON BLVD STREET ADDRESS, STREET ADDRESS ROCKLEDGE FL CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete 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-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00 (321) 631-9751