FILED

2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

May 10, 2001 8:00 am Secretary of State **DOCUMENT # K09029** 1. Entity Name BUNKY AND JOYE'S SEAFOOD SHACK, INC. 5-10-2001 90217 019 ***150.00 Principal Place of Business Mailing Address 6605 RIVERSIDE DRIVE P.O. BOX 159 C0063414 YANKEETOWN FL 34498 159 YANKEETOWN FL 34498 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 59-2866944 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 Name JOINER, JOYE F. Street Address (P.O. Box Number is Not Acceptable) 6605 RIVERSIDE DRIVE YANKEETOWN FL 32698 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 DATE (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 ☐ Change Addition TITLE ☐ Delete TITLE JOINER, JOYE F. NAME NAME 6605 RIVERSIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP YANKEETOWN FL 34498 CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE BOWERMAN, WALTER B. NAME 6605 RIVERSIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP YANKEETOWN FL 34498 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BEASLEY, KIMBERLY J. NAME NAME 6020 SE 4TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP TITLE ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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