FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am Secretary of State K86699 DOCUMENT # 1. Entity Name 02-20-2002 90036 047 ***150.00 KOUNTRY KITCHEN OF KEY LARGO, INC. Principal Place of Business Mailing Address 99696 OVERSEAS HIGHWAY 102250 OVERSEAS HWY KEY LARGO FL 33037 KEY LARGO FL 33037 นร 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 65-0118360 Not Applicable Zip Country Country Zip \$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 LUPINO, JAMES S Street Address (P.O. Box Number is Not Acceptable) 90130 OLD HIGHWAY **TAVERNIER FL 33070** 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 (NOTE: Registered Agent signature required when reinstating) DATE 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, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) DST ☐ Addition TITLE TITLE] Delete GANIM. ROSEANN NAME NAME 102250 OVERSEAS HWY STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIP TITLE DP ☐ Delete Change Addition NAME GANIM, LEE G. 102250 OVERSEAS HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP TITLE ☐ Delete IIILE∫)51 🗋 Addition NAME GANIM, GREGORY D NAME MARSO OVURSUS STREET ADDRESS 102250 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 13. Thereby 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 previous free 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 of the corporation or the changed, or on an atta

SIGNATURE: