2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 08, 2000 8:00 am Secretary of State **DOCUMENT # L01580** 1. Entity Name DRY DOCK CAFE, INC. 03-08-2000 90025 019 ***150.00 Principal Place of Business Mailing Address % RICHARD EDGAR TEEPLE % RICHARD EDGAR TEEPLE 250 S FEDERAL HWY 250 S FEDERAL HWY DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441-4130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0162461 Not Applicable Country 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 TEEPLE, RICHARD EDGAR Street Address (P.O. Box Number is Not Acceptable) 250 S FEDERAL HWY **DEERFIELD BEACH FL 33441** 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) DATE 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 De Election Campaign Epancing 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition Change ☐ Delete TITLE TITLE TEEPLE, RICHARD EDGAR NAME STREET ADDRESS 250 S FEDERAL HWY STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete 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 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

RICHARD ESGAR TEGRE