2000 UNIFORM BUSINESS REPORT (UBR) FILED DOGUMENT # L/1904 2 Mar 22, 2000 8:00 am **Secretary of State** FLORIDA KEYS LOBSTER HOUSE, INC. 03-22-2000 90020 038 ***150.00 Principal Place of Business Mailing Address R0042313 2. Principal Place of Business 3. Mailing Address David L. Manz, Esquire 3660 Overseas Highway Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5800_Overseas Highway, #40 City & State City & State 4. FEI Number Applied For 65-0137743 Marathon, Florida Marathon, Florida Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired 33050 USA Fee Required 33050 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent David L. Manz, Esquire Miller, Robert K. Street Address (P.O. Box Number is Not Acceptable) 5800 Overseas Highway, Suite 2975 Overseas Highway Marathon, Florida 33050 GREENMAN & MANZ Zip Code 33050 Marathon 8. The above named entity submits this etatement for pose of changing its registered office or registered agent, or both, in the State of Florida. 02/29/00 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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 filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 President TITLE ☐ Delete Treasurer Change NAME Ely, John NAME Aldacosta, Nick STREET ADDRESS STREET ADDRESS 66 Georges Road 837 97th Street CITY-ST-ZIP CITY-ST-ZIP New Brunswick, NJ 08901 Marathon, FL 33050 TITLE Vice-President ☐ Delete TITLE Change ☐ Addition Seawall, Karl NAME NAME STREET ADDRESS STREET ADDRESS 135 Coco Plum CITY-ST-ZIP CITY-ST-ZIP Marathon, FL 33050 Delete TITLE TITLE Secretary_ Change □ Addition NAME NAME Walsh, Annette 837 97th Street 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 TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME 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 oath; that I am an officer or director of the corporation or the receiver of 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 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #