FORM BUSINESS REPORT (UBR) **DOCUMENT#** FILED 1. Entity Name Bar-B- Q 01 OCT -5-AM 10: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2106 CochiseTr. 2106 GochiseTr. Casselberry, FZ 32707 2. Principal Place of Business 3. Mailing Address 2106 Cochie Trai 2106 Cochise Trail Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Casse berry 59-2924080 Not Applicable \$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 Tom Lilly Dr. 2104 Cochisc Ivail Casserberry FL 32767 Street Address (P.O. Box Number is Not Acceptable) 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. (NOTE: Registered Agent signature required when reinstating) DATE 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be .Tax.filing.requirement and,elects.to do so... After MAY\_1, 2001 Fee will be \$550.00... (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE ☐ Delete TITLE NAME tom uilly it NAMÉ 2104 Courise Trail STREET ADDRESS STREET ADDRESS 32707 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME 500004661265--STREET ADDRESS STREET ADDRESS -10/31/01--01059--007 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --☐ Delete TITLE ☐ Change TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ampowered 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 ith all other like empowered. SIGNATURE:

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Bar-B-Que Tommy's, Inc. 2106 Cochise Trail Casselberry, FL 32707 (407)830-9388

September 20, 2001

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom it May Concern:

Soul Lilly gr.

Bar-B-Que Tommy's, Inc. dba Bar-B-Que Shack was sold June 28, 1999. A change of address was noted with our May corporate filing for 2000. We didn't receive the form for 2001 corporate filing and called to request it.

Should you have any questions, please don't hesitate to contact me at the phone number above. Thank you for your assistance.

Sincerely,

Tom C. Lilly, Jr.

-Owner