2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P0000047330 ALE HOUSE PIZZA & WINGS INC 04-27-2001 90362 012 ***150.00 Principal Place of Business Mailing Address 2161 PALM BCH LAKES BLVD..SUITE 403 2161 PALM BCH LAKES BLVD., SUITE 403 W. PALM BCH FL 33409 W. PALM BCH FL 33409 80033890 2. Principal Place of Business 3. Mailing Address 608 Lake Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1031933 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Palm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PREEFER, JAY C Street Address (P.O. Box Number is Not Acceptable) 2161 PALM BCH LAKES BLVD., SUITE 403 W. PALM BCH FL 33409 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (10/00) ☐ Defete ☐ Change PREEFER, JAY C Preefer, Richard 2161 Folm Beach Lakes Blvd, West Palm Beach, Fl. 33409 NAME NAME 2161 PALM BCH LAKES BLVD., SUITE 403 STREET ADDRESS STREET ADDRESS W. PALM BCH FL 33409 CITY-ST-ZIP CfTY-Sf-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE F Addition Coance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chaone Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 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 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 Preefer - Director

FILED