,2001 UNIFORM BUSINESS REFORT (UBR) Mar 05, 2001 8:00 am DOCUMENT # P0000053771 **Secretary of State** 1. Entity Name CATHOUSE SALOON, INC. 02-06-2001 90265 009 ***150.00 Principal Place of Business Mailing Address 42 TROCEMOOD AVE 4210 435 S RIDGEWOOD AND THID 2. Principal Place of Business 3. Malling Address 1/13 N. US HWY. SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3646513. City & State Applied For ORMOND BEACH Not Applicable Zip Country \$8.75 Additional u SA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELUS, ALLEN Street Address (P.O. Box Number is Not Acceptable) 435 S RIDGEWOOD AVE #210 DAYTONA BEACH FL 32114 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. Brown - V. P. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition PRESIDENT CR2E034 (10/00) MILE ☐ Delete TITLE ☐ Change GEORGE E. BROWN NAME NAME STREET ADDRESS STREET ADDRESS ORMOND BEACH, FL 32174 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT SEC. D JANE R. BROWN 1/13 N. US HWY ORMOND-BEACH EL 32174 TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT TITLE ☐ Addition TITLE ☐ Change KENT LIESLINGER 6280 SETTLERS BAY DR WASILLA, AK 99687 NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE VICE-PRESIDENT THE ☐ Change Addition MARK L. ESLINGERBERN LIGHTS TE NAME NAMECE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered. Grown JANE BROWN SIGNATURE AND TYPED OR PROTED NAME OF SIGNAM OFFICER OR DIRECTOR