FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P00000067295

1. Entity Name

CHIT CHAT'S BAR & GRILL, INC.

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FILED

02 AUG 22 AM 9: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400008019994--2
-03/25/02--01061--019
*****61.25 *****61.25

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2. Principal Place of Business		3. Mailing Address	
13603 W. Colonial Drive		13603 W. Colonial Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Winter Garden, FL		City & State: Winter Garden, FL	
Zip: 34787	Country: USA	Zip: 34787	Country: USA

4. FEI Number: 593655333 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: David G. Kilborn

Street Address (P.O. Box Number is Not Acceptable): 8313 Rose Groves Road

City: Orlando, FL Zip Code: 32818

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] DATE 7/31/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President/Secretary/Treasurer
NAME	David G. Kilborn
STREET ADDRESS	8313 Rose Groves Road
CITY-ST-ZIP	Orlando, FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: [signature] President 7/31/02 (407) 292-4708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #