## Apr 23, 2002 8:00 am Secretary of State 2002 Uniform Business Report (UBR) P01000016820 DOCUMENT # 03-27-2002 90043 009 \*\*\*158 1. Entity Name THE GEORGE & DRAGON PUB, INC. 🖯 Principal Place of Business Mailing Address 1601 BLOUNT ROAD 1601 BLOUNT ROAD POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place . Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. \pt. #, etc. 4. FEI Number Applied For City & State City & State 1077022 Not Applicable \$8.75 Additional Country Zio Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOWES, VIOLET Street Address (P.O. Box Number is Not Acceptable) 1601 BLOUNT ROAD POMPANO BEACH FL 33069 Zip Code City 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 . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01) ■ Addition ☐ Deleta TITLE ☐ Change TITLE NAME HOWES, STEPHEN NAME 3R2E034 1601 BLOUNT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP HOWES, VIOLET **Addition** ППЕ Delete TITLE NAME 1601 BLOUNT ROAD NAME COOPER, NEIL STREET ADDRESS 4132 NORTH FEDERAL HWY STREET ADDRESS POMPANOBEACH, R. 33069. CHY STAR S \*CITY-ST-ZIP ™ FORT LAUDERDALE FL 33308 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

Delete

Daytime Phone #

Addition

Change :