2002 UNIFORM BUSINESS REPORT (UBR)

May 03, 2002 8:00 am Secretary of State DOCUMENT # P01000051522 1. Entity Name BOW WOW BISTRO RETAIL ENTERPRISES, INC. 05-03-2002 90166 039 ***150.00 Principal Place of Business Mailing Address 1074 SPRING MILL DRIVE 1074 SPRING MILL DRIVE WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Business Mailing Address To 690755 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Ollmbo 328 65 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIRK, STEVEN E Street Address (P.O. Box Number is Not Acceptable) 1074 SPRING MILL DRIVE WINTER GARDEN FL 34787 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01 NAME BIRK, STEVEN E NAME STREET ADDRESS 1074 SPRING MILL DRIVE STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME BIRK, RONALD F NAME STREET ADDRESS 1074 SPRING MILL DRIVE STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-ZIP TITLE. ☐ Delete . TITLE ☐ Change Addition NAME GINDLESPERGER, MARK G NAME STREET ADDRESS 1074 SPRING MILL DRIVE STREET ADDRESS CITY-ST-ZIP **WINTER GARDEN FL 34787** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/15/02

407-903-052

FILED