2003 FOR PROFIT CORPORATION

FILED Apr 15, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P01000078130 DOCUMENT # 1. Entity Name 04-15-2003 90096 049 ***150.00 RICK'S PLACE IN TALLAHASSEE, INC. Principal Place of Business Mailing Address 213 SILVER BCH AVE. 219-SILVER BCH AVE DAYTONA BGH Ft 82118 DAYTONA BCH FL 32118-2. Principal Place of Business 3. Mailing Address 833 W. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3760608 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Age Name TINSLEY, GARY W Street Address (P.O. Box Number is Not Acceptable) -213-SILVER BCH AVE. -Daytona BCH FL-32178 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Addition TITLE P/D ☐ Delete TINSLEY, GARY W ESO. NAME NAME STREET ADDRESS STREET ADDRESS 213 SILVER BOH AVE. CITY-ST-ZIP TALLANASSEE CITY-ST-7IP **DAYTONA BCH FL 32118** ☐ Addition TITLE ☐ Delete TITLE DST NAME NAME KING, RICK STREET ADDRESS STREET ADDRESS 1306 RUMBA LANE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32304 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

12. 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 distance to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

SIGNATURE: