3.

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 28, 2002 8:00 am Secretary of State P01000120635 DOCUMENT # 03-25-2002 90059 032 ***150.00 1. Entity Name TRANSAM RESTAURANT MANAGEMENT CORP Principal Place of Business Mailing Address 1828 TREASURE LN. PO BOX 519 **60CA GRANDE FL 33921 BOCA GRANDE FL 33921** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Ζip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Willia 16-+640MJ-GUNDERSON, MIKO P------Street Address (P.O. Box Number is Not Acceptable) MCKINLEY, ITTERSAGEN, GUNDERSON & BERNTSSO 1861 PLACIDA RD., STE. 204 ENGELWOOD FL 34223 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. (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, 2002 Fee will be \$550.00 Trust Fund Contribution. 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. 12. (9/01) ☐ Addition TITLE ☐ Delete TITLE Change | HONEY, J. KIMPTON NAME NAME PO 30X 519 STREET ADORESS STREET ADDRESS CITY-ST-ZIP **BOCA GRANDE FL 33921** CITY-ST-7IP ☐ Addition Delete TITLE TITLE SMITH, DAVID MAME STREET ADDRESS PO BOX 1560 STREET ADDRESS **BOCA GRANDE FL 33921** CITY-ST-ZIP CITY+ST-ZIP ☐ Delete me Change ☐ Addition TITLE NAME MAYHEW, JOSEPH C NAME STREET ADDRESS PO BOX 58 STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIF BOCA GRANDE FL 33921 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 12 - 2 - 4 - 2 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change TITLE 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 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 it changed, or on an attachment with an address, with all other like empowered.