2003 FOR PROFIT CORPORATION

May 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000021745 DOCUMENT # 05-27-2003 90179 011 ***150.00 2ND GENERATION BAR AND GRILL, INC. Principal Place of Business Mailing Address 3450 N.E. LINDA DRIVE 3450 N.E. LINDA DRIVE JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address 711 W. Indiantown Rd 711 W. Indiantow PO Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite 5. City & State City & State 4. FEI Number Applied For *03*~64377394 Jupite. Not Applicable Country \$8.75 Additional USA 454 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, GENE Street Address (P.O. Box Number is Not Acceptable) 3450 N.E. LINDA DRIVE JENSEN BEACH FL 34957 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. I am familiar with, and accept the obligations of registered agent. 2-20-03 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 TITLE Change ☐ Addition Delete BARALEY, MARY R NAME NAME 3450 N.E. LINDA DRIVE STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE Change ☐ Addition NAME MILLER, GENE NAME 3450 N.E. LINDA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MILLER, MICHELE R NAME STREET ADDRESS 3450 N.E. LINDA DRIVE STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME

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 trustee empowered 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 an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

FILED