2003 FOR PROFIT CORPORATION

SIGNATURE:

Mar 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000044671 DOCUMENT # 03-27-2003 90102 049 ***150.00 MIKE'S FIREHOUSE PIZZA, INC. Principal Place of Business 2111 ŠE 10TH PLACE 2111 SE 10TH PLACE CAPE CORAL FL 33990 CAPE CORAL FL 33990 2. Principal Place of Bysiness 1918 Boy Scout Or Suite, Apt. #, etc. 3. Mailing Address 1918 Boy Scout Dr Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 06 1/3\$0 City & State Applied For City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent KEFER, MIKE Street Address (P.O. Box Number is Not Acceptable) 2111 SE 10TH PLACE CAPE CORAL FL 33990 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. I am familiar with, and accept the obligations of registered age SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$1/60.00 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 11. 10. vice pres a Secritaryalso Othange michael Tkefer pres + Freniume Addition ☐ Delete TITLE TITLE KEFER, MIKE NAME NAME 2111 SE 10TH PLACE 1918 Boy Scout Orive Fort myers Florin 3390 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME KEFER. KATHARINE NAME 2111 SE 10TH PLACE STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP · ' 🗌 Change ☐ Delete TITLE ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition 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 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.

FILED