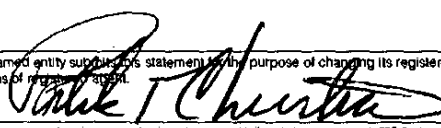
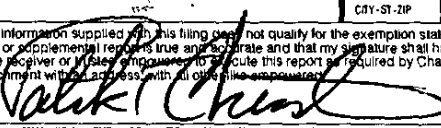


FILED
Jul 07, 2003 8:00 A.M.
Secretary of State

AMENDED

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000045298			
1. Entity Name SOUTHWEST BAR-S-Q INC.			
Principal Place of Business 2605 MAITLAND CENTER PARKWAY, SUITE C MAITLAND, FL 32751-7139		Mailing Address 2605 MAITLAND CENTER PARKWAY, SUITE C MAITLAND, FL 32751-7139	
2. Principal Place of Business 255 South Orange Ave		3. Mailing Address P.O. Box 231	
Suite, Apt. #, etc. Suite 1700		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32801	Country USA	Zip 32802-0231	
Country USA			
4. FEI Number 74-3041039		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent YARMUTH, ROBERT N 2605 MAITLAND CENTER PARKWAY, SUITE C MAITLAND, FL 32761-7139		7. Name and Address of New Registered Agent Name Patrick T. Christiansen Street Address (P.O. Box Number is Not Acceptable) 255 South Orange Avenue Suite 1700 City Orlando FL Zip Code 32801	
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, this agent. SIGNATURE  DATE 6-24-03			
FILE NOW!!! FEE IS \$150.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARMUTH, ROBERT N 2605 MAITLAND CENTER PARKWAY, SUITE C MAITLAND, FL 327617139 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P John E. Hokanson 255 South Orange Ave, Suite 1700 Orlando, FL 32801 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S Patrick T. Christiansen 255 South Orange Ave, Suite 1700 Orlando, FL 32801 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/AS Todd C. Christiansen 255 South Orange Avenue, Suite 1700 Orlando, FL 32801 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied on 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, and qualified 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 without address with all other like appointments.			
SIGNATURE:  DATE 6-24-03 407.419-PSYS		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	