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-B-Q INC.

Principal Place of Business	Mailing Address
2605 MAITLAND CENTER PARKWAY, SUITE C MAITLAND, FL 32751-7139	2605 MAITLAND CENTER PARKWAY, SUITE C MAITLAND, FL 32751-7139

800021TE53T8
07/21/03--01058--018 **61.25

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
255 South Orange Ave	P.O. Box 231
Suite, Apt. #, etc. Suite 1700	Suite, Apt. #, etc.
City & State Orlando, FL	City & State Orlando, FL
Zip / Country 32801 / USA	Zip / Country 32802-0231 / 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 32751-7139

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 registered agent.

SIGNATURE: Patrick T Christiansen 6.24.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1st 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 327517139	☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E084 (10/02)

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.

SIGNATURE: Patrick T Christiansen 6.24.03 407.419.8575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #