FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachr

Feb 17, 2002 8:00 am Secretary of State DOCUMENT # P93000067593 1. Entity Name BROADWAY RICK'S STRIKE ZONE, INC. 02-17-2002 90074 017 ***150.00 Principal Place of Business Mailing Address 16008 NW 78TH AVE 16008 NW 78TH AVE ALACHUA FL 32615 ALACHUA FL 32615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0440089 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOHL, RICHARD G Street Address (P.O. Box Number is Not Acceptable) 16008 NW 78TH AVE ALACHUA FL 32615 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME KOHL, RICHARD G NAME STREET ADDRESS 16008 NW 78TH AVE STREET ADDRESS CITY-ST-ZIP ALACHUA FL 32615 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE D NAME NAME KOHL, JOANN E STREET ADDRESS STREET ADDRESS 16008 NW 78TH AVE CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL 32615 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLÉ ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 if

1/30/02 386-418-0385