2003 FOR PROFIT CORPORATION

Feb 17, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State **DOCUMENT #** P95000013324 1. Entity Name 02-17-2003 90197 050 ***150.00 NISSCO RESTAURANT DEALER GROUP, INC. Principal Place of Business Mailing Address 14848 OLD US 41 14848 OLD US 41 14 NAPLES FL 34110 NAPLES FL 34110 US US 2. Principal Place of Business 3. Mailing Address 28200 OLD 4 LOAD 28200 ()LD41 ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 208 CHECK HERE IF MAKING CHANGES 208 Bity & State City & State 4. FEI Number SPRINGS Applied For BONITA PRINGS BONITA 65-0652977 Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUNTER, SCOTT D 14848 OLD US 41 **STE 14** Suite 208 NAPLES FL 34110 8. The above named entity subry is 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 SIGNATURE agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/02) ☐ Addition NAME HUNTER, SCOTT D NAME 28200 OLD 41 ROAD, SUITE 208 BONITA SPRINGS, FL 34135 14848 OLD US 41, STE 14 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE HUNTER, LESLIE N NAME 28200 OLD 41 ROAD, SUITE 208 STREET ADDRESS 14848 OLD US 41, STE 14 STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 supplied with this ming does not quality 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 changed, or on an attachment with an laddress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED