FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State DOCUMENT # P95000054398 1. Entity Name 02-21-2002 90114 014 ***150.00 BUCKAROO, INC Principal Place of Business Mailing Address CHARLIE HOUSE RESTAURANT CHARLIE HOUSE RESTAURANT 2426 E SILVER SPRINGS BLVD 2426 E SILVER SPRINGS BLVD OCALA FL 34420 OCALA FL 34420 US HS 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 59-3324385 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IANNONE, GUY E Street Address (P.O. Box Number is Not Acceptable) 2875 SOUTHEAST 45TH ST OCALA FL 34480 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Addition NAME IANNONE, GUY E NAME STREET ADDRESS STREET ADDRESS 2875 SE 45TH ST. CITY-ST-ZIP CITY-ST-ZIP OCALA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME iannone, penny r STREET ADDRESS STREET ADDRESS 2875 SE 45TH ST CITY-ST-ZIP CITY-ST-ZIP OCALA FL Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change ☐ Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 receives 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 changed, or on an attachment an address, with all other like empowered.

SIGNATURE: