2001 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2001 8:00 am Secretary of State DOCUMENT # P96000014835 BAR-B-Q EXCHANGE, INC. 02-03-2001 90033 046 ***150.00 Mailing Address Principal Place of Business 25 CYPRESS EDGE DRIVE P.O. BOX 1230 PALM COAST FL 32137 FLAGLER BEACH FL 32136 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 59-3360569 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired _____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIUMENTO, MICHAEL D ESQ. Street Address (P.O. Box Number is Not Acceptable) 4 OLD KINGS ROAD NORTH PALM COAST FL 32137 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE **Addition** McNab, James, M. Jr. 42B S Orlando Ave, 5te C Cocoa Beach Fc 32931 NAME VAUGHN, SAMMY S NAME STREET ADDRESS STREET ADDRESS 100 MERGANSER CIRCLE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32119 Delete ☐ Change TITLE TITLE Ayrey, Curtis A. 1663 Silverado Dr Rockledge, FL 32955 BLEDSOE, JAMES R NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 4578 N/A CITY-ST-7IP CITY-ST-ZIP **SOUTH DAYTONA FL 32119** Duran array and a company TITLE. -TITLE STANTON, MARK P NAME NAME STREET ADDRESS P.O. BOX 459 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALATKA FL 32178 ☐ Delete TITLE ☐ Change ☐ Addition MCNAB, JAMES M NAME NAME STREET ADDRESS P.O. BOX 1230 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FLAGLER BEACH FL 32136 ☐ Delete TITLE Change Addition McHab L. James M. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED