2001 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P96000058968 PEPPER'S FINE FOODS, INC. 04-25-2001 90196 001 ***300 00 Mailing Address Principal Place of Business C/O MICHAEL A. BAVIELLO, JR., P.A. 4165 CORP SRUARE 1025 FIFTH AVENUE NORTH NAPLES FL 34104 NAPLES FL 34102 US 38659 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3400360 City & State Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAVIELLO, JR., MICHAEL A ESQ. 1025 FIFTH AVENUE, NORTH NAPLES FL 34102 Zip Code 33131 this statement for the Aurpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity supp Signature, typed of FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition □ Detete TITLE SCHULTZ. ALFRED MAME 2377 PINEWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP Addition TITLE Change Delete TITLE WOLZEL, RICHARD NAME NAME STREET ADDRESS 36 W MOUNTAIN PKJ RD STREET ADDRESS CITY-ST-ZIP **ETOBICOKE ON** CITY-ST-ZIP Change ☐ Addition TITI F TITLE... ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with his 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 frue 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 trusted 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/01 (941) 643-200