2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000092670** May 23, 2000 8:00 am Secretary of State CALDWELL'S BAR B Q & GRILL, INC. 05-23-2000 90236 039 ***150.00 Principal Place of Business Mailing Address 7081 GULF BLVD. 7081 GHIF BLVD. ST. PETE BEACH FL 33706-1942 ST. PETE BEACH FL 33706 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3407911 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 HENRY, GLENN Street Address (P.O. Box Number is Not Acceptable) 25 S TESSIER DR ST. PETE BEACH FL 33706 City 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** (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See.criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITLE NAME NAME HENRY, LOIS STREET ADDRESS 215 S. TESSIER DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETE BEACH FL 33706 TITI F Delete NAME NAME HENRY, GLENN STREET ADDRESS STREET ADDRESS 215 S. TESSIER DR. CITY-ST-7IP CITY-ST-ZIP ST. PETE BEACH FL 33706 ☐ Delete TITLE TITLE NAME KELLEY, CAMILLE NAME STREET ADDRESS 285 S. PICKETT ST. APT. 402 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **ALEXANDRIA VA 22304** ☐ Addition ☐ Delete TITLÉ ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

NTED NAME OF SIGN