2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2001 8:00 am Secretary of State DOCUMENT # P96000099826 FLORIDA FOOD & BEVERAGE COMPANY, INC. 05-11-2001 90008 009 ***150.00 Principal Place of Business Mailing Address 502 NORTH HUDSON P.O. BOX 141184 ORLANDO FL 32835 ORLANDO FL 32814 2. Principal Place of Business 3. Mailing Address j nalust DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3442761 Not Applicable Zip Country Zip 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 PERLA, HENRY L ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 E ROBINSON STREET #1170 ORLANDO FL 32801 City Zio Code 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) Signature, typed or printed name of registered agent and the if applicable. DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critoria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE TITLE Addition COOK, JIM NAME NAME STREET ADDRESS STREET ADDRESS 1444 GROVE TERRACE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE Delete Change [[]] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIEY-S1-ZIE Change [] Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete [] Change Acdition TITLE TITLE STREET ADDRESS STREET ADDRESS CHY ST 718 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 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.