FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am \$ Secretary of State DOCUMENT # P97000026078 1. Entity Name NUZUM'S UNIVERSITY SPORTS GRILL, INC. Principal Place of Business Mailing Address 5455 RIVER TRAVERD SOUTH 2044 ROGERO RD JACKSONVILLE FL 32277 JACKSONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address 8787 DOUTHSIDE BLVD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 6105 City & State Applied For 4. FEI Number 59-3442050 Not Applicable Ζiρ 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= KENT, FREDERICK H III Street Address (P.O. Box Number is Not Acceptable) 225 WATER STREET SUITE 900 JACKSONVILLE FL 32202 City Zip 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 NUZUM, GEORGE C JR 8787 SOUTHSIDE BLVD # 6105 NUZUM, GEORGE C JR NAME STREET ADDRESS 5456-RIVER-TRAIL-ROAD-SOUTH STREET ADDRESS JACKSONVILLE EL 32277 CITY-ST-ZIP CITY-ST-ZIP JACK SONVILLE TITLE DΡ ☐ Delete TITLE ☐ Addition NAME NAME NUZUM, SARAH M STREET ADDRESS 5455 RIVER TRAIL ROAD SOUTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32277 CITY-ST-ZIP Delete . - Addition TITLE TITLE __Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE □ Delete ☐ Addition 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-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 a address, with abother like empowered.

SIGNATURE:

3/31/02 904-489-