FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jul 25, 2001 8:00 am P97000072237 **DOCUMENT # Secrétary of State** 1. Entity Name 07-25-2001 90011 037 ***550.00 TJ'S GOURMET PIZZA CAFE, INC. Principal Place of Business Mailing Address 1515 GULF BLVD 1515 GULF BLVD INDIAN ROCKS BEACH FL 33785 INDIAN_ROCKS_BEACH_FL_3370 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State 59-3475046 City & State Not Applicable \$8.75 Additional Zip Co 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, THOMAS J Street Address (P.O. Box Number is Not Acceptable) 1515 GULF BLVD INDIAN ROCKS BEACH FL 33785 City Zip Code d office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its regist SIGNATURE Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Regist S \$550.00 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FE \$5.00 May Be ee will be \$750.00 Tax filing requirement and elects to do so. After September 12, 200 Trust Fund Contribution. Added to Fees partment of State (See criteria on back) Make Check Payable to ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change Addition TITLE ☐ Delete SMITH, TJ NAME ADDRESS 1515 GULF BLVD STREET ADDRESS T-ZIP IND RKS BCH FL CITY-ST-ZiP ☐ Change ☐ Addition SVP TITLE Delete DAVIS, LILIANE NAME ADDRESS 1515 GULF BLVD STREET ADDRESS T-ZIP IND. RKS. BCH. FL 33785 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME ADDRESS STREET ADDRESS T-ZIP CITY-ST-ZIP Cľ ☐ Change Addition TITLE ☐ Delete NAME ADDRESS STREET ADDRESS ST - ZIP CITY-ST-ZIP CI Change ☐ Addition TITLE ☐ Delete TIT NAME ADDRESS STREET ADDRESS - 71P CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITE NAME ADDRESS STREET ADDRESS T-ZIP ption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information re shall have the same legal effect as if made under oath; that I am an officer or director 13. I hereby certify that the information supplied with this filling does not qualify for the exe indicated on this report or supplemental report is true and accurate and that my signar of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered. ed by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE