2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104585 Apr 20, 2000 8:00 am Secretary of State CLAY-OVEN CHICKEN CORP. 04-20-2000 90051 009 ***150.00 Mailing Address Principal Place of Business PO BOX 2217 401 61 ST. AVE. TERR. W. BRADENTON FL 34210 ONECO FL 34264-2217 2. Principal Place of Business 3. Mailing Address AVE TEXN) 4120 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3506145 BRADENTON Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 4210 MANASTE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent T. RAJAN RAJAN, RAJ T DR Street Address (P.O. Box Number is Not Acceptable) 4106 61ST AVE TERR W. **BRADENTON FL 34210** 61 & Are TER(W) BRADENTON 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. ame of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Addition TITLE TITLE Delete RAJAN, RAJ T DR. NAME NAME **5622 MARINE PARKWAY** STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34652-4330 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TIT! E TITLE RAO, M.B. DR. NAME NAME **5622 MARINE PARKWAY** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL 34652-4330 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ... ___Change TITLE PARTHASARTHY, T DR NAME NAME 4106 61ST AVE. TERR. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR