2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P9800005057 1. Entity Name MARY'S BAR, INC. 04-02-2001 90296 040 ***150.00 Principal Place of Business Mailing Address 5335 N. MILITARY TRAIL 5335 N. MILITARY TRAIL WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address GREEN PINE BUY 1111° C-3 DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0805113 BEACH PALM WEST YALIN NEST Not Applicable 33409 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHNSON, MARY Street Address (P.O. Box Number is Not Acceptable) 5335 N. MILITARY TRAIL WEST PALM BEACH FL 33407 West Paum BEACH 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 3-29-01 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 After MAY 1, 2001 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. Change TITLE Delete TITLE JOHNSON, MARY NAME NAME GREEN PINE BLUD STREET ADDRESS STREET ADDRESS 5335 N. MILITARY TRAIL WEST PALM BEACH, FL 33409 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 TITLE Delete TITLE 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 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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 an address, with all other like empowered.

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR HRINTED NAME