2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000017418 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name RIB CITY - 41, INC. 04-22-2000 90058 050 ***150.00 Principal Place of Business Mailing Address 2122 SECOND STREET 2122 SECOND STREET FT. MYERS FL 33901-3013 FT. MYERS FL 33901 3. Mailing Address 2. Principal Place of Business 1575 S Cleveland Au c 12575 S Cleveland Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0817137 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33907 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREEN, BRUCE D Street Address (P.O. Box Number is Not Acceptable) 12800 UNIVERSITY PARK, STE. 600 FT. MYERS FL 33907 Zip Code City 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. DATE 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition PD TITLE TITLE ☐ Delete Same PEDEN, PAUL D NAME NAME 12575 Scloveland Au e STREET ADDRESS 2122 SECOND ST STREET ADDRESS FT MYEW F1 33907 CITY-ST-ZIP CITY-ST-7IP FORT MYERS FL 33901 Change ☐ Addition ☐ Delete TITLE Same PEDEN, CRAIG D NAME NAME 12575 Scleveland Auc 2122 SECOND ST STREET ADDRESS STREET ADDRESS FT MYELS FI 33907 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33901 ☐ Addition ☐ Change TITLE ☐ Delete COOK PETERM MCOOK, PETER NAME STREET ADDRESS STREET ADDRESS 7771 CAMERON CIR DS75 S. Cleveland Ave FT MYCH F1 33507 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete 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: SIGNATURE AND TYPED OF BRIGHTED NAME OF SIGNING

ETELM Cool 2/25/00 941-275-6700