2001-UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am[§] Secretary of State DOCUMENT # P98000028341 1. Entity Name 05-16-2001 90216 008 ***150.00 BRANDON BREW HOUSE RESTAURANT INC. Principal Place of Business Mailing Address 779 WEST LUMSDEN 779 WEST LUMSDEN BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3499696 Not Applicable Zip Zip Country 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 STURTEVANT, WILLIAM J JR. Street Address (P.O. Box Number is Not Acceptable) 1027 RED OAK CIRCLE BRANDON FL 33511 Regent Lil 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 Sturtevant william Ton Change TITLE ☐ Delete TITLE NAME STURTEVANT, WILLIAM J JR. NAME STREET ADDRESS STREET ADDRESS 1027 RED OAK CIR Brandon FI 33511 CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** Delete TITLE Change ☐ Addition STURTEVANT, SUSAN NAME 710 N Reart UR STREET ADDRESS STREET ADDRESS 1027 RED OAK ÇIR CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 ~ □. Delete TITLE ☐ 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: William J Sturtevant

CITY-ST-ZIP