AMENDED

2001 UNIFORM BUSINESS REPORT (UBR) ****A

06-15-2001 90171 004 ****61.25
P98000060550
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 29 AM 8:25

DOCUMENT # P98000060550

1. Entity Name
TIKI BAR & RESTAURANT OF FT. PIERCE, INC.

Principal Place of Business	Mailing Address
2 AVE. A FORT PIERCE, FL 34950	P.O. BOX 4382 FORT PIERCE, FL 34948

[redacted]

A0073498
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2 AVENUE A	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0854257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUSAN SUTTON 201 S. 2ND STREET FORT PIERCE, FL 34950	Name: VINCENT LLOYD Street Address (P.O. Box Number is Not Acceptable): 201 S. 2ND STREET City: FORT PIERCE FL Zip Code: 34950

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: Vincent A. Lloyd 04/23/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1st 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR, PRESIDENT VINCENT A. LLOYD 201 S. 2ND ST., FT PIERCE ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT STEVEN L. HORN 2 AVENUE A FORT PIERCE, FL 34950 X☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY LISA M. HORN 2 AVENUE A FORT PIERCE, FL 34950 XX ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Vincent A. Lloyd 4/23/01 (561) 464-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #