2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2001 8:00 am Secretary of State DOCUMENT # P99000041933 POUNDER'S FRESH FISH & LOBSTER HOUSE, INC. 01-18-2001 90009 006 ***150.00 Principal Place of Business Mailing Address 1213 N CENTRAL AVE 1213 N CENTRAL AVE KISSIMMEE FL 34741 KISSIMMEE FL 34741 1,11005360 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3576238 Not Applicable Zip Country Zip 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 ___ Name LABRET, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 226 HILLCREST ST ORLANDO FL 32801 Zip Code FL 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 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 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete Change ☐ Addition TITLE TITLE HACHEY, JAMES JR NAME NAME STREET ADDRESS 1213 N CENTRAL AVE STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34741 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE HACHEY, JAMES SR NAME NAME STREET ADDRESS 1213 N CENTRAL AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP KISSIMMEE FL 34741 Delete Change --- (E) 'Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 trusting 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. changed, or on an attachment wi

STREET ADDRESS CITY-ST-ZIP

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