FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 24, 2002 8:00 am § Secretary of State DOCUMENT # P99000090374 1. Entity Name NAPLES BEEF'S, INC. 05-24-2002 91295 019 ***150 00 Principal Place of Business Mailing Address 4085 HANCOCK BRIDGE PARKWAY 4085 HANCOCK BRIDGE PARKWAY 108 NORTH FT. MYERS FL 33903 NORTH FT. MYERS FL 33903 US 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 65-1012024 Not Applicable 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 MARTINEZ, JOHN A Street Address (P.O. Box Number is Not Acceptable) 11100 HARBOUR YACHT CT. 44 D FT. MYERS FL 33908 City Zip Code 🗠 🕯. 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11: OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change Addition NAME MARTINEZ, WILLIAM STREET ADDRESS 107 HICKORY CREEK BOULEVARD STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MARTINEZ, JOHN A. NAME MARTINEZ, JOHN A NAME 7717 HAVERHILL CT. STREET ADDRESS 11100 HARBOUR YACHT CT, 44 D_ STREET ADDRESS -34104 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33908 WAPLES FL Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME BENNETT, DAVID STREET ADDRESS 11260 JACANA CT 2007 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33908 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report of the corporation or the receiver or trustee en changed, or on an appropriate with an address

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR