2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094530 1. Entity Name

May 05, 2001 8:00 am Secretary of State TALLAHASSEE ALE HOUSE INC. 05-05-2001 90207 001 ***600.00 Mailing Address Principal Place of Business 2161 PALM BEACH LAKES BLVD., STE, 403 2161 PALM BEACH LAKES BLVD., STE. 403 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 42148 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable 65-1021394 Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PREEFER, JAY C Street Address (P.O. Box Number is Not Acceptable) 2161 PALM BEACH LAKES BLVD., STE. 403 WEST PALM BEACH FL 33409 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. :R2E034 (10/00) X Addition TITLE ☐ Delete TITLE NAME PREEFER, JAY C Richard Preeter NAME STREET ADDRESS 2161 Palm Beach Lakes Blut West falm Beach, Fl. 33404 STREET ADDRESS 2161 PALM BEACH LAKES BLVD., STE. 403 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE, TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Precter-Director 4/16/01