2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$88168 Apr 22, 2000 8:00 am Secretary of State CAPE CORAL BAR-B-QUE, INC. 04-22-2000 90058 042 ***150.00 Principal Place of Business Mailing Address 2122 SECOND ST 4836 LEONARD STREET CAPE CORAL FL 33904 FT. MYERS FL 33901-3013 2. Principal Place of Business 3. Mailing Address 12575 S Cleveland Aux Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FFI Number City & State City & State 65-0293116 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAUL D PEDEN Street Address (P.O. Box Number is Not Acceptable) 2122 SECOND ST FT. MYERS FL 33901 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition STD SAME ☐ Delete TITLE PEDEN, CRAIG NAME NAME 12575 S. Cleveland Are STREET ADDRESS STREET ADDRESS 2122 SECOND ST CITY-ST-ZIP FTM.yes F1 33907 CITY-ST-ZIP FT. MYERS FL Change ☐ Addition ☐ Delete TITLE TITLE PEDEN, PAUL NAME NAME 12575 Scleveland Ave STREET ADDRESS STREET ADDRESS 2122 SECOND ST CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL ☐ Addition ☐ Delete TITLE COOK, PETER M 12575 S Cleveland Are NAME NAME STREET ADDRESS STREET ADDRESS 7771 CAMERON CIR CITY-ST-ZIP T. My en F1 33907 CITY-ST-ZIP FORT MYERS FL 33912 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Detete TITLE 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 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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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