2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000097917 Apr 22, 2000 8:00 am Secretary of State R-80 RIB CITY, INC. 04-22-2000 90058 046 ***150.00 Mailing Address Principal Place of Business 2122 SECOND STREET 13908 PALM BEACH BLVD FORT MYERS FL 33901-3013 FORT MYERS FL 33905 3. Mailing Address 2. Principal Place of Business 125755 Cleveland Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0794340 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEDEN, PAUL D. Street Address (P.O. Box Number is Not Acceptable) 2122 SECOND ST FORT 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 Signature, typed or printed name of registered agent and title if applicable DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition SAME Change STD ☐ Delete TITLE TITLE PEDEN, CRAIG D. NAME 12575 S Cleveland Are STREET ADDRESS 2122 SECOND ST STREET ADDRESS FTMY ens F1 33907 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33901 ☐ Addition - Change ☐ Delete TITLE TITLE PEDEN, PAUL D. NAME NAME 125755. Clevel and Ave STREET ADDRESS 2122 SECOND ST STREET ADDRESS FT. Myen F1 33907 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33901 Addition ☐ Delete TITL F SAME 125755. Cleveland Ave NAME COOK, PETER M NAME STREET ADDRESS STREET ADDRESS 7771 CAMERON CIR FT. MYELS F1.33907 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: Le let 1/1 Cool

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

941-275-6700

Daytime Phone #

CR2E034 (9/9)