2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am P98000037040 DOCUMENT # **Secretary of State** 1. Entity Name 02-07-2002 90018 043 ***158.75 BIERSACK PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 3521 CROWFUT CT 3521 CROWFUT CT **BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0951610 Not Applicable Zip Country 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 ROSS, DONALD'K JR. Street Address (P.O. Box Number is Not Acceptable) 2640 GOLDEN GATE PARKWAY STE. 206 - NAPLES FL 34105 City 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 (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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE Delete TITLE ☐ Addition **BIERSACK, JOHANN** NAME NAME 3521 CROWFUT CT STREET ADDRESS STREET ADORESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP VD Delete Addition TITLE TITLE Change SCHAEFER, GABRIELE NAME NAME STREET ADDRESS 3521 CROWFUT CT STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 applemental 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 of tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an atta-