FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am \$ Secretary of State **DOCUMENT #** H63837 1. Entity Name TIER, INCORPORATED 04-18-2002 90335 013 ***150.00 Principal Place of Business Mailing Address 12716 WILDERNESS LANE WEST 12716 WILDERNESS LANE WEST JACSKONVILLE FL 32258 JACSKONVILLE FL 32258 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2553747 Not Applicable Country Zip Zip Country _ \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOWE, TERRY D. Street Address (P.O. Box Number is Not Acceptable) 2955 HARTLEY ROAD SUITE 205 JACKSONVILLE FL 32217 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Addition NAME SPANER, JOSEPH LEE NAME STREET ADDRESS 12716 WILDERNESS LANE W STREET ADDRESS CITY-ST-ZiP JACKSONVILLE FL CITY-\$T-ZIP Change TITLE ☐ Detete TITLE ☐ Addition NAME HULSBERG, JOHN S. NAME STREET ADDRESS STREET ADDRESS 6476 HYDEGROVE CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME CRITES, WILSON W. STREET ADDRESS STREET ADDRESS 12710 LONGVIEW DR.,E. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL TITLE ☐ Delete TITLE □ Change Addition NAME CRITES, MARTHA B. NAME STREET ADDRESS STREET ADDRESS 12710 LONGVIEW DR.,E. CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-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 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