FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # H95226** THE PIER PEDDLER, INC. 04-09-2001 90006 041 ***150.00 Principal Place of Business Mailing Address 1000 ESTERO BLVD. 1000 ESTERO BLVD. FT. MYERS BCH. FL 33931 FT. MYERS BEACH FL 33931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2663708 Applied For Not Applicable Zip Country Zip 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 CERECEDA, JOSE Street Address (P.O. Box Number is Not Acceptable) 1000 ESTERO BLVD. FT. MYERS BCH. FL 33931 City Zip Code FL 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE Delete TITLE CERECEDA, JOSE NAME NAME 1000 ESTERO BLVD. STREET ADDRESS STREET ADDRESS FT. MYERS BEACH FL 33931 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TIT! F CERECEDA, ANITA NAME NAME 1000 ESTERO BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS BEACH FL 33931 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE CERECEDA, JOSEPHINE NAME NAME -1000 ESTERO BLVD STREET ADDRESS STREET ADDRESS FT. MYERS BEACH FL 33931 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME 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 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 of the section of the corporation or the receiver of the section of the corporation or the receiver of the section of the se

SIGNATUBE Thus to

RE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECT

4/4/01

9417650660

Daytime Phone #