4 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

FILED Sep 12, 2003 8:00 am Secretary of State P02000128982 DOCUMENT.# 09-12-2003 90096 047 ***150.00 1. Entity Name THE BIER COMPANY Principal Place of Business Mailing Address 11600 5TH STREET EAST 11600 5TH STREET EAST TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FFI Number City & State 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 ZIMMERMANN, JR., ALBERT W Street Address (P.O. Box Number is Not Acceptable) 11600 5TH STREET EAST TREASURE ISLAND FL 33706 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. I am familiar with, and accept the obligations of registered agent. d name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Change TITLE ☐ Delete TIT! F ZIMMERMANN, JR., ALBERT W NAME NAME 11600 5TH STREET EAST STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE ZIMMERMANN, JANICE H NAME NAME 11600 5TH STREET EAST STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

Delete

1/03 727-502-3500

☐ Change

Addition

CR2E034 (4/03)

To whom it may concern in receipt of a UBR form. of only took augmnemany . '1 ٠٠٠ له سني ، ، ، - 🔅