01/11/2005 11:30 3 BOMAC PIZZ

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2005 8:00 am
Secretary of State
03-14-2005 90105 041 ***150.00

DOCUMENT # P04000060206

1. Entity Name
GREAT NORTHERN BEVER INC

DO NOT WRITE IN THIS SPACE

50025760

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10230 Atlantic Boulevard		P.O. Box 1883	
Suite, Apt. # etc.		Suite, Apt. # etc.	
Suite # 2			
City & State		City & State	
Jacksonville, Fl		Yulee, Fl	
Zip	Country	Zip	Country
32246	US	32041	US

4. FEI Number 20-0978676 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gloria J. Fortin

Street Address (P.O. Box Number is Not Acceptable):

850914 U.S. Route 17

City: Yulee FL Zip Code: 32041

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.

SIGNATURE: Gloria J. Fortin — Gloria J. Fortin — 1/9/05
(If changing Registered Agent, Registered Agent must sign) — (Typed or Printed Name of Registered Agent) — (Date)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS Bever, Allen L. 17 Sanford Crossing Road West Bath, ME 04530	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Bever, Ann G. 17 Sanford Crossing Road West Bath, ME 04530	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

12. I hereby certify that the information supplied with this report meets the requirements for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attachment 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 above or on an attachment with an (A) next to my title.

SIGNATURE: Allen L Bever — Allen L. Bever — 1/9/05 — 207-443-4320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

URZE034B (12/02)