2002 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2002 8:00 am Secretary of State P94000093745 DOCUMENT # 1. Enlity Name 04-02-2002 90110 044 ***150 00 BRADENTON BEACH PIER CAFE, INC. Principal Place of Business Mailing Address 200 BRIDGE STREET 200 BRIDGE STREET 800567**57 BRADENTON BEACH FL 34217** BRADENTON BEACH FL 34217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0546626 Not Applicable Country \$8.75 Additional _Zip 5. - Certificate of Status Desired \Box . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEIER, GEORGIA C-Street Address (P.O. Box Number is Not Acceptable) 200 BRIDGE STREET **BRADENTON BEACH FL 34217** 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 Tax filling 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete Change Adoition CR2E034 (9/01) Bartizal, Fred J NAME NAME 1370 S. COMMERCIAL STREET ADDRESS STREET ADDRESS NEENAH WI Lity-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MEIER, GEORGE NAME NAME STREET ADORESS 602 67TH STREET NW STREET ADDRESS BRADENTON FL 34209 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Change ☐ Addition TITLE NAME MAME 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 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 attacking twith an address, with all other like empowered.