

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90136 015 ***158.75

DOCUMENT # G18952

1. Entity Name

BEARSS PLAZA CLEANERS & LAUNDRY, INC.

Principal Place of Business

**14946 NORTH FLORIDA AVE.
 TAMPA FL 33613**

Mailing Address

**C/O J. BOB HUMPHRIES, ESQUIRE
 501 W. KENNEDY BLVD., #1700
 TAMPA FL 33602**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2270453

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATERS, CODY W ESQ
 FOWLER, WHITE
 501 E. KENNEDY BLVD., #1700
 TAMPA FL 33602**

Name
FOWLER WHITE BOGGS BANKER, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
676 HUNTER J. BROWNLEE, ESQUIRE
501 E. KENNEDY BLVD., SUITE 1700
 City **TAMPA** State **FL** Zip Code **33602**

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]* AUTHORIZED AGENT for Fowler White Boggs Banker 4-12-02
Signature, typed or printed name of registered agent and title if applicable. (NO [E] Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PSTD MCNATT, HENRY JR.** Delete
 STREET ADDRESS **14946 N. FLORIDA AVE.**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **AS HUMPHRIES, J. BOB** Delete
 STREET ADDRESS **501 E. KENNEDY BLVD.**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRE** 4-30-02 813-237-8861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)