2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000004331 Mar 13, 2000 8:00 am 1. Entity Name **Secretary of State** 2 BEARS, INC. 03-13-2000 90017 004 ***158.75 Principal Place of Business Mailing Address 306 DEGAS DRIVE 306 DEGAS DRIVE NOKOMIS FL 34275-1317 NOKOMIS FL 34275-1317 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0806380 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required ___ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COOPER, C Street Address (P.O. Box Number is Not Acceptable) 306 DEGAS DR NOKOMIS FL 34275 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 DATE 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, 2000 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 12. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change COOPER. C NAME NAME STREET ADDRESS 306 DEGAS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL 34275 ☐ Delete TITLE ☐ Change ☐ Addition TITLE COOPER, ALLEN NAME NAME STREET ADDRESS STREET ADDRESS 306 DEGAS DR CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL 34275 ☐ Delete TITLE ☐ Addition TITLE HAY, DON HAY, KANY WAY, DON NAME STREET ADDRESS 106 WOODINGHAM DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 ☐ Delete TITLE **Change** ☐ Addition TITLE WAY, KATHY NAME NAME STREET ADDRESS STREET ADDRESS 106 WOODINGHAM DR CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 ☐ Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE 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 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.