

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 373860

1. Entity Name
NIKKI BEARE & Associates, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 APR -9 AM 10:04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 W 7th Ave

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HAVANA, FL

City & State

4. FEI Number

591309845

Applied For

Not Applicable

Zip

32333

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NIKKI BEARE

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

7858 HAVANA Hwy

City

HAVANA

FL

Zip Code

32333

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NIKKI BEARE, President 7858 HAVANA Hwy HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD A. BEARE S/D 7858 HAVANA Hwy HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANDI BEARE M D 7858 HAVANA Hwy HAVANA, FL 32333
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nikki Beare, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03 539-5040
Date Daytime Phone #

CR2E034B (12/01)