

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91219 002 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98000001403					
1. Entity Name BEAR TRANSPORTATION, INC.					
Principal Place of Business 8503 HILLTOP DRIVE OOLTEWAH, TN 37363			Mailing Address 8503 HILLTOP DRIVE OOLTEWAH, TN 37363		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 62-1725205			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 626 E. PARK AVE. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number Is Not Acceptable)		
			City		
			FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when appointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D BADGLEY, JEFFREY I 8503 HILLTOP DR OOLTEWAH, TN 37363 ☐ Delete			☐ Change ☐ Addition		
P PASBOROUGH, GARY 4971 SW 34TH PL DAVIE, FL 33314 ☒ Delete			P Geoff Russell 8503 Hilltop Drive Ooltewah, TN 37363 ☒ Addition		
VST MAYNORD, JOHN 8503 HILLTOP DR OOLTEWAH, TN 37363 ☐ Delete			☐ Change ☐ Addition		
AS BECKLEY, WILLIAM 8503 HILLTOP DR OOLTEWAH, TN 37363 ☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE _____			John Maynard, Vice President (423) 238-6920		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/9/03 Daytime Phone #		

11005533



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (11/02)