

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90157 004 \*\*\*158.75

**DOCUMENT # G19882**

1. Entity Name  
**CHIEF BIG BEAR, INC.**

Principal Place of Business

**PO BOX 31**  
**P.O. BOX 31**  
**PALM BCH FL 33480**  
**US**

Mailing Address

**P.O. BOX 31**  
**P.O. BOX 31**  
**PALM BEACH FL 33480**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**523 AVON RD**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH, FL**

City & State

4. FEI Number **59-2380408**

Applied For

Not Applicable

Zip **33401**

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KUMPE, SIGRID**  
**168 SEASPRAY AVE**  
**PALM BCH FL 33480**

7. Name and Address of New Registered Agent

Name **SIGRID KUMPE**

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

**523 AVON RD**

City **WEST PALM BEACH**

FL

Zip Code **33401**

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 **SIGRID KUMPE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-23-02**

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

TITLE **DPSC** ☐ Delete  
 NAME **KUMPE, SIGRID**  
 STREET ADDRESS **205 WORTH AVE., STE 210**  
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **523 AVON RD**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Change ☐ Addition  
 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 my address, with all other like empowered.

SIGNATURE:

**SIGRID KUMPE**

Date

**4-23-02**

Daytime Phone #

**561.832.3529**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)