

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90385 005 ***150.00

DOCUMENT # H13272

1. Entity Name
BEAR FOODS, INC.



Principal Place of Business
1386 YORK CIR
MELBOURNE FL 32904
US

Mailing Address
P.O. BOX 146
MELBOURNE FL 32902
US

2. Principal Place of Business

3. Mailing Address

3015 MARSHALL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MELBOURNE, FL

Zip

Country

Zip

Country

32901

USA

4. FEI Number

59-2833885

Applied For

Not Applicable

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

ARBIC, JOYCE E

1386 YORK CIR

MELBOURNE FL 32904

3015 MARSHALL DRIVE

MELBOURNE, FL 32901

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
P/T
ARBIC, JOYCE SHUBIA
1386 YORK CIR
MELBOURNE FL 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3015 MARSHALL DR.
MELB., FL 32901

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/29/03

321-693-0955

Date

Daytime Phone #

CR2E034 (10/02)