

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J62884

1. Entity Name  
BEAR FLATS, INC.

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90315 012 \*\*\*150.00

Principal Place of Business

600 S BARRACKS ST  
SUITE 210  
PENSACOLA FL 32501  
US

Mailing Address

P.O. DRAWER 12684  
PENSACOLA FL 32574-2684  
US

2. Principal Place of Business

220 S. Palafox Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

4. FEI Number

59-2802212

Applied For

Not Applicable

Zip

32501

Country

Escambia

Zip

Country

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

HALFORD, DOUG  
600 S BARRACKS ST  
SUITE 210  
PENSACOLA FL 32501

Name

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

220 S. Palafox Street

City

Pensacola FL

FL

Zip Code

32501

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HALFORD, DOUG  
CITY-ST-ZIP 600 S BARRACKS ST., SUITE 210  
PENSACOLA FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 220 S. Palafox Street  
CITY-ST-ZIP Pensacola FL 32501

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)