

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90899 049 \*\*\*150.00

0589078 AT

<b>DOCUMENT #</b>	<b>J62884</b>
<b>1. Entity Name</b>	
<b>BEAR FLATS, INC.</b>	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>220 S PALAFOX STREET</b>	<b>P.O. DRAWER 12684</b>
<b>PENSACOLA FL 32501</b>	<b>PENSACOLA FL 32574-2684</b>
<b>US</b>	<b>US</b>



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b>	<b>59-2802212</b>	<b>Applied For</b>
		<b>Not Applicable</b>
<b>5. Certificate of Status Desired</b>		<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>		

<b>6. Name and Address of Current Registered Agent</b>
<b>HALFORD, DOUG</b>
<b>220 S PALAFOX STREET</b>
<b>PENSACOLA FL 32501</b>

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

<b>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.</b>	
<b>SIGNATURE</b>	<b>DATE</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b>	<input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b>	<b>After May 1, 2002 Fee will be \$550.00</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b>	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		<b>Make Check Payable to Department of State</b>				

<b>11. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>D HALFORD, DOUG</b>
<b>STREET ADDRESS</b>	<b>600 S BARRACKS ST., SUITE 210</b>
<b>CITY-ST-ZIP</b>	<b>PENSACOLA FL</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>220 S. Palafox Street</b>
<b>CITY-ST-ZIP</b>	<b>Pensacola FL 32501</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>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 all other like empowered.</b>	
<b>SIGNATURE:</b>	<b>3/26/02</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034 (9/01)