

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90009 019 ****61.25

DOCUMENT # N99000006253

1. Entity Name

B.E.A.R.R., INC.

Principal Place of Business

6595 59TH LANE NORTH
 PINELLAS PARK FL 33781

Mailing Address

P O BOX 2934
 PINEALLAS PARK FL 33780-2934

969433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3606200

Applied For

Not Applicable

Zip

Country

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

CALHOUN, FAY I
6595 59TH LANE NORTH
PINELLAS PARK FL 33781

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.

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **CEOD** Delete
 NAME: **CALHOUN, FAY I**
 STREET ADDRESS: **6595 59TH LANE NORTH**
 CITY-ST-ZIP: **PINELLAS PARK FL 33781**

TITLE: **D** Change Addition
 NAME: **MCFADDEN, PATRICIA**
 STREET ADDRESS: **6970 AVENUE DES PALAIS #1A**
 CITY-ST-ZIP: **SOUTH PASADENA, FL 33707**

TITLE: **D** Delete
 NAME: **CALHOUN, ROBERT O**
 STREET ADDRESS: **6595 59TH LANE NORTH**
 CITY-ST-ZIP: **PINELLAS PARK FL 33781**

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

TITLE: **D** Delete
 NAME: **HOWARD, KELLY N**
 STREET ADDRESS: **2700 BOCA CIEGA DRIVE, N**
 CITY-ST-ZIP: **SAINT PETERSBURG FL 33710**

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

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: 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 617, 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 CEO

Date: 3/28/01 Daytime Phone #: 727-545-1251

CR2E037 (10/00)