2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900006253

1. Entity Name

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



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90621 034 ****61.25

						A CO	TABL					
·				Mailing Address								
6595 59TH LANE NORTH PINELLAS PARK FL 33781			P O BOX 2934 PINEALLAS PARK FL 33780-2934							-	`	
								 	Handan and Andrea (1888)	1844 - Santa Billo (1886)	* (21) (11)	
2. Principal Place of Business 3. I			3. Mai	. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number 59-3606200 Applied For				
Zip Country			Zip Countr			ıntry	·	Not Applicable 5. Certificate of Status Desired \$8.75 Additional				
& Name and Address of Current			Besister	ristered Agent				7. Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent						Name						
CALHOUN, FAY I						Street Address (P.O. Box Number is Not Acceptable)						
6595 59TH LANE NORTH PINELLAS PARK FL 33781												
					City				FL Zip Co	de		
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 Output Description:												
FILE NOW: FEE IS \$61.25			ļ	9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees		Check Payable epartment of		
10. OFFICERS AND DIRECTO				S 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAMÉ	CEOD CALHOUN	FAY I		Delete	TITLE NAM					☐ Change	☐ Addition	
STREET ADDRESS		LANE NORTH				ET ADDRESS						
CITY-ST-ZIP		PARK FL 33781				-ST-ZIP						
TITLE NAME	D Calhoun	, Robert O		☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS		LANE NORTH			•	ET ADDRESS				- ag. #	}	
TITLE	D	PARK-FL 33781		Delete	TITLE	-ST-ZIP = Too				☐ Change	Addition	
NAME	HOWARD,			Delete	NAMI					onlings		
STREET ADDRESS CITY-ST-ZIP		A CIEGA DRIVE, N ERSBURG FL 33710				et address -st-zip						
TITLE	D	LHODONG I L 33/10		□ Delete	TITLE					☐ Change	Addition	
NAME		N, PATRICIA			NAMI							
STREET ADDRESS CITY-ST-ZIP	l	DES PALAIS #1A ERSBURG FL 33707				et address -st-zip						
TITLE	D			☐ Delete	TITLE	:	QL.	used kal	W N-	Change	Addition	
NAME STREET ADDRESS	HOWARD,	KELLY A LYHOCK AVE			NAME STRE	E Et address	740	Hollyha	K Ave			
CITY-ST-ZIP	LARGO FL					-ST-ZIP	Lan	vard, Kelly had ge, FL	7717)	,		
TITLE				☐ Delete	TITLE		-			☐ Change	Addition	
NAME STREET ADDRESS					NAME STREE	ET ADDRESS						
CITY-ST-ZIP	*****			<u> </u>		-ST-ZIP						
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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 eath; 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:

ENGLERER

4/14/03 72545-1751