

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103840

1. Entity Name

ALMOST BEAR, INC.

Principal Place of Business

466 W. OAKRIDGE RD., STE. 3A
ORLANDO FL 32809

Mailing Address

466 W. OAKRIDGE RD., STE. 3A
ORLANDO FL 32809

2. Principal Place of Business

4713 FORT KNOX COURT

Suite, Apt. #, etc.

3. Mailing Address

4713 FORT KNOX CT

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32822

Country

USA

Zip

32822

Country

USA

6. Name and Address of Current Registered Agent

MAY, SYLVIA J
9809 BUCKHEAD CT.
WINDERMERE FL 34786

4. FEI Number

59-3680855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

Sylvia J. May (AGENT)

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

(NOTE: Registered Agent signature required when reinstating)

4/13/2001

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

TITLE **PRESIDENT** ☐ Delete
NAME **SYLVIA J. MAY**
STREET ADDRESS **9809 BUCKHEAD CT**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **SECRETARY/TREASURER** ☐ Delete
NAME **ANITA FERREIRA**
STREET ADDRESS **4713 FORT KNOX CT**
CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **VP** ☐ Delete
NAME **ANDREA DRAGGERS**
STREET ADDRESS **525 S. CONWAY Rd**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **VP** ☒ Delete
NAME **ANDREA DRAGGERS**
STREET ADDRESS **525 S. CONWAY Rd**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 all other like empowered.

SIGNATURE:

Sylvia J. May (PRESIDENT)

4/13/2001

Date

407-909-3033

Daytime Phone #

0067332

CR2E034 (10/00)

C0050473



DO NOT WRITE IN THIS SPACE