

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93661 042 \*\*\*158.75

**DOCUMENT # P01000028209**

1. Entity Name

**BEAR TRANSPORT, INC.**

Principal Place of Business

Mailing Address

~~1680 CARR ST.~~

~~1680 CARR ST.~~

~~DELAND FL 32720~~

~~DELAND FL 32720~~

2. Principal Place of Business

3. Mailing Address

**1729 W. Parkway**

**1729 W. Parkway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DEland FL**

**DEland FL**

Zip

Country

Zip

Country

**32724**

**Volusia**

**32724**

**Volusia**

4. FEI Number

**59-3717127**

Applied For

Not Applicable

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

**INGLE, JOHNNY**

Name

**Johnny Ingle**

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

~~1680 CARR ST.~~ **1729 W. Parkway**

~~DELAND FL 32720~~ **DEland, FL 32724**

City

**DEland FL**

FL

Zip Code

**32724**

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 **Johnny Ingle**

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

(NOTE: Registered Agent signature required when reinstating)

**5-19-02**

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	<b>INGLE, JOHNNY</b>	
STREET ADDRESS	<b>1680 CARR ST.</b>	
CITY-ST-ZIP	<b>DELAND FL 32720</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>UNION, DONNA</b>	
STREET ADDRESS	<b>1680 CARR ST.</b>	
CITY-ST-ZIP	<b>DELAND FL 32720</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **Johnny Ingle**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-19-02**

Date

**386-844-5099**

Daytime Phone #

CR2E034 (9/01)