

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90143 030 ***150.00

DOCUMENT # P01000030719

1. Entity Name
BEARABLE MORNINGS, INC.

Principal Place of Business

**1110 E HWY 50
 CLERMONT FL 34711**

Mailing Address

**1110 E HWY 50
 CLERMONT FL 34711**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3708387

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM N' ASMA PA
 886 S DILLARD STREET
 WINTER GARDEN FL 34787**

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 Delete
 NAME **D KORZENIOWSKI, JOHN F**
 STREET ADDRESS **1110 E HWY 50**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KORZENIOWSKI, LINDA S**
 STREET ADDRESS **1110 E HWY 50**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

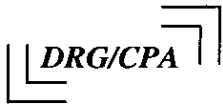
Date

7/13/02

Daytime Phone #

CR2E034 (4/02)

Attachment PO10000030719/



DENNIS R. GILLARD & ASSOCIATES

675271

Certified Public Accountants, LLC

*114 Pennsylvania Avenue
Winter Garden, FL 34787
Phone (407) 877-6887
Fax(407) 877- 8443*

July 15, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Bearable Mornings, Inc.

To whom it may concern:

Our client received a late filing notice concerning his corporation. This is the corporation's first active year and Mr. Korzeniowski was confused as to the reason for filing this report. We respectfully request that the late fee be waived.

Sincerely,

A handwritten signature in cursive script that reads 'Kathleen T. Gillard'.

Kathleen T. Gillard
Office Manager