2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000053523 **DOCUMENT #**

1. Entity Name

GOLDEN BEAR MACHINERY, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90846 040 ***150.00

Suite, Apt. #, etc. City & State City & City	rincipal Placi 1940 GULF BLY LEARWATER		Mailing Address P.O.BOX 3006 CLEARWATER FL 33767 3. Mailing Address									
City & State Country Country S. Certificate of Status Desired S. Certificate of Status Desired S. S. 75 Additional S. Certificate of Status Desired Name Name Name Name Steer Additions (PO. Box Number is Not Acceptable) The above ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonds. I am familiar with, and acceptable of registered or profits are o	. Principal P	lace of Business						T (1860) 00) SO EGION NON BONN BONN BONN BONN BONG BONG BON				
Street Address of Current Registered Agent Street Agent St. Certification of Status Desired St. 75 Agentication St. 75 Age	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
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Name and Address of New Registered Agent Name	Zip	Country	Zip	Zip Count			5. (-
Namo Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered	i Agent	·	- Control of the Cont	7. N		gistered A	\gent		
1340 GULF BLVD STE 16A CLEARWATER FL 33767 City FL Zip Code			,			Name						İ
City FL Zip Code 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. Change Change Change Change Change Change Additional Contribution Change Chang	1340 GULI	F BLVD STE 16A				Street Address (P.O. Box Number is Not Acceptable)						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Common blood or brinded name of registered agent and rise? applicable. (NOTE Registered Agent significant required when reinstating) DATE	CLEARWA	IER 12 33707				City			FL	Zip Code	e	
Additional Comments of State Delete	the obligat	ions of registered agent. Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00		,				oinstating) 9. Election Campaign Fina	DATE	\$5.0	0 May Be	
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12. Thereby 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 truebe empowered to execute this report as required by Chapter 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR