

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90048 018 ***150.00

DOCUMENT # P01000053819

1. Entity Name
BLACK BEAR DEVELOPMENT CORPORATION



Principal Place of Business
800 8TH STREET, SUITE A
VERO BEACH FL 32962

Mailing Address
800 8TH STREET, SUITE A
VERO BEACH FL 32962

90006082



2. Principal Place of Business
1307 19th Place
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1779
Suite, Apt. #, etc.

City & State
Vero Beach, FL
Zip
32960

Country

City & State
Vero Beach, FL
Zip
32961

Country

4. FEI Number **59-3721685**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

BRACKETT, MARK A
800 8TH STREET, SUITE A
VERO BEACH FL 32962

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
BRACKETT, MARK A
1915 34TH AVENUE
VERO BEACH FL 32960

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BRACKETT, KELLY
1915 34TH AVENUE
VERO BEACH FL 32960

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Change** ☐ **Addition**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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☐ **Change** ☐ **Addition**

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARK A. BRACKETT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03

772-567-9253

Date

Daytime Phone #

CR2E034 (10/02)