

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90816 015 ***150.00

DOCUMENT # P01000097830

1. Entity Name
THE BEARLY WOOD COMPANY



Principal Place of Business
**20895 NW 168TH LANE
HIGH SPRINGS FL 32643**

Mailing Address
**20895 NW 168TH LANE
HIGH SPRINGS FL 32643**

2. Principal Place of Business
4980 NE 18 TRAIL

3. Mailing Address
4980 NE 18 TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TRENTON

City & State
TRENTON

4. FEI Number
59-3758790

Applied For
Not Applicable

Zip
32693

Country
GILCHRIST

Zip
32693

Country
GILCHRIST

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

6. Name and Address of Current Registered Agent

**MICELI, PHIL
20895 NW 168TH LANE
HIGH SPRINGS FL 32643**

7. Name and Address of New Registered Agent

Name **PHIL MICELI**
Street Address (P.O. Box Number is Not Acceptable)
4980 NE 18 TRAIL
City **TRENTON** FL Zip Code **32693**

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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MICELI, PHIL
STREET ADDRESS	20895 NW 168TH LANE
CITY-ST-ZIP	HIGH SPRINGS FL 32643
TITLE	D <input type="checkbox"/> Delete
NAME	MICELI, CHRIS
STREET ADDRESS	20895 NW 168TH LANE
CITY-ST-ZIP	HIGH SPRINGS FL 32643
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIL MICELI
STREET ADDRESS	4980 NE 18 TRAIL
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS MICELI
STREET ADDRESS	4980 NE 18 TRAIL
CITY-ST-ZIP	TRENTON, FL 32693
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	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

Daytime Phone #

CR2E034 (10/02)