

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90037 049 \*\*\*150.00

0013702 AT

**DOCUMENT # P01000113153**

1. Entity Name  
**K-BEAR TINTING, INC.**

Principal Place of Business

Mailing Address

~~1347 WOODMERE LANE~~  
~~FORT MYERS FL 33919~~

~~1347 WOODMERE LANE~~  
~~FORT MYERS FL 33919~~

2. Principal Place of Business

**4TH AVE DRIVE EAST**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BRADENTON FLORIDA**

City & State

4. FEI Number

**61-1403978**

Applied For

Not Applicable

Zip

Country

**34208**

**MONATEE**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NELSON, SCOTT F**  
**200 SOUTH HOOVER BOULEVARD**  
**BUILDING 201 - SUITE 140**  
**TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name **WILLIE NEIL JOHNSON / Willie Neil Johnson**  
 Street Address (P.O. Box Number is Not Acceptable) **4TH AVE DRIVE EAST**  
**BRADENTON**  
 City **FL** Zip Code **34208**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**2/26/02**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, NEIL</b>	
STREET ADDRESS	<b>1347 WOODMERE LANE</b>	
CITY-ST-ZIP	<b>4TH AVE DRIVE EAST</b> <b>FORT MYERS FL 33919 BRADENTON, FL 34208</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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/02**

Date

Day/Time Phone #

CR2E034 (9/01)