

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90492 002 \*\*\*150.00

DOCUMENT# P02000022454

1. Entity Name  
BEAR FLOOR SOLUTIONS, INC.



Principal Place of Business  
5005 WILES ROAD #101  
COCONUT CREEK FL 33073

Mailing Address  
5005 WILES ROAD #101  
COCONUT CREEK FL 33073



2. Principal Place of Business

3. Mailing Address

3773 Woodfield Dr.

3773 Woodfield Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
Coconut Creek FL

City & State  
Coconut Creek, FL

4. FEI Number

43-1953754

Applied For

Not Applicable

Zip

Country

33073

USA

Zip

Country

33073

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRABIK, GREGORY

5005 WILES ROAD #101

COCONUT CREEK FL 33073

Name

Drabik, Gregory

Street Address (P.O. Box Number is Not Acceptable)

3773 Woodfield Dr.

City

Coconut Creek FL

Zip Code

33073

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
DRABIK, GREGORY  
5005 WILES ROAD #101  
COCONUT CREEK FL 33073 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
Drabik, Gregory  
3773 Woodfield Dr.  
Coconut Creek, FL 33073 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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CITY - ST - ZIP  
☐ 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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/3 954-574-9721  
Date Daytime Phone #

CR2E034 (10/02)