

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90161 015 ***150.00

DOCUMENT # P02000042712

1. Entity Name
POOKIE BEAR'S DEN, INC.



Principal Place of Business
17430 S. E. HIGHWAY 452
UMATILLA FL 32784

Mailing Address
POST OFFICE BOX 2542
UMATILLA FL 32784



2. Principal Place of Business

2253 Citrus Blvd

Suite, Apt. #, etc.

3. Mailing Address

2253 Citrus Blvd

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Leesburg, FL

City & State
Leesburg, FL

4. FEI Number

46-0479511

Applied For

Not Applicable

Zip
34748

Country
USA

Zip
34748

Country
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

LARSON, SUSAN A
17430 S. E. HIGHWAY 452
UMATILLA FL 32784

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

Susan A. Larson

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
LARSON, SUSAN A
17430 S. E. HIGHWAY 452
UMATILLA FL 32784

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D, P
Susan A. LARSON
17430 S.E. HWY 452
UMATILLA, FL 32784

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
Chris P. LARSON
17430 SE Hwy 452
UMATILLA, FL 32784

☐ 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:

Susan A. Larson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

352-638-9023

Date

Daytime Phone #

CR2E034 (10/02)