## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT**

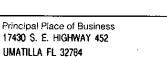
Country



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

01-23-2003 90161 015 \*\*\*150.00

DOCUMENT #  1. Entity Name	P02000042712	
POOKIE BEAR'S DEN,	INC.	
		CO WE I



City & State

Leesburg

Mailing Address POST OFFICE BOX 2542 UMATILLA FL 32784

City & State

2. Principal Place of Business 2253 Citrus Blvd	3. Mailing Address 2253 Ctrus Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.



Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

4. FEI Number

<sup>Zip</sup> 34ク	48 USA	34748	Country USA	. 5. Certificate of Status Desired			
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
			· Name				
LARSON, SUSAN A			Stroot Address	Ctroot Address (D.O. Care Number in New Age 1991)			
17430 S. E. HIGHWAY 452			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
UMATILLA	A FL 32784		7.0	* ************************************			
	2 02. 0 1			· · · · · · · · · · · · · · · · · · ·			
2			City	FL Zip Co	ode		
8. The above	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar wit	h, and accept		
<i>ji</i> 2		1 Day 1	•				
SIGNATURE	- Susan (	x. aurin	<u></u>				
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requir	ed when reinstating) DATE			
	ILE NOW!!! FEE IS \$150.00	†		Floation Compaign Financian			
	r May 1, 2003 Fee will be \$550.00				.00 May Be ed to Fees		
Make Check	k Payable to Florida Department of	State		Most Faria Continuation.	ea (0 / ees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 11		
TITLE	D	□ Delete	TITLE D.	<b>P</b> Change	Addition		
NAME	LARSON, SUSAN A		NAME S.	ian A. I ARAGE			
STREET ADDRESS	17430 S. E. HIGHWAY 452		STREET ADDRESS	430 5. 2. HWY 452			
CITY-ST-ZIP	UMATILLA FL 32784		CITY-ST-ZIP U	MATILLA, FL 32784			
TITLE		☐ Delete			Addition		
NAME			NAME Ch	ris P. LARSON			
STREET ADDRESS			STREET ADDRESS	430 SZ HWY 452			
CITY-ST-ZIP			CITY-ST-ZIP	ris P. LARSON 430 SZ HWY 45Z Matilla, FL32984			
TITLE		Delete	TITLE	Change	☐ Addition		
NAME	-		NAME				
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	portify that the information appoint a site	this filing does t		440 07/01/2 51 11 01 11			
indicated	on this report or supplemental report is	irns ming does not quality for t true and accurate and that m	rie exemption stated in S z signature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the	intermation		

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.