


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90052 035 ***150.00

**2003 FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000036970					
1. Entity Name DEAR PRODUCTS, INC.					
Principal Place of Business 6000 25TH WAY SOUTH ST. PETERSBURG, FL 33712			Mailing Address 6000 25TH WAY SOUTH ST. PETERSBURG, FL 33712		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3192739	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRIDGEN, IRENE J 6000 25TH WAY S ST PETERSBURG, FL 33712				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when registering)					
DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> Delete				
NAME	PRIDGEN, IRENE J				
STREET ADDRESS	6000 25TH WAY S				
CITY-ST-ZIP	ST PETERSBURG, FL				
TITLE	VP <input type="checkbox"/> Delete				
NAME	JOHNSON, WILLIE MAE "DEAR"				
STREET ADDRESS	6000 25TH WAY S				
CITY-ST-ZIP	ST PETERSBURG, FL				
TITLE	T <input type="checkbox"/> Delete				
NAME	PRIDGEN, IRENE J				
STREET ADDRESS	6000 25TH WAY S				
CITY-ST-ZIP	ST PETERSBURG, FL				
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	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Velma Thompson Swain				
STREET ADDRESS	6000 25th Way South				
CITY-ST-ZIP	St. Petersburg, FL 33712				
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: <i>Irene J. Bridgen, Pres+CEO</i> April 30, 2003 (727) 866-6139					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)