

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050787 ✓

1. Entity Name

Bear Comfort Inc.

Principal Place of Business

6101 Holmes Blvd
Holmes Beach FLA 34217

Mailing Address

6101 Holmes Blvd
Holmes Beach FLA 34217

2. Principal Place of Business

6101 Holmes Blvd
Suite, Apt. #, etc.
Holmes Beach FLA
City & State

3. Mailing Address

6101 Holmes Blvd
Suite, Apt. #, etc.
Holmes Beach FLA
City & State

Zip
34217

Country

Zip
34217

Country

6. Name and Address of Current Registered Agent

Wendy B. Smith
6101 Holmes Blvd
Holmes Beach FLA 34217

4. FEI Number

65-0430122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0066503

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.

SIGNATURE

Wendy B. Smith President Wendy B. Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/12/00

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, 2000 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	<u>Wendy B. Smith</u>	<input type="checkbox"/> Delete
NAME	<u>President</u>	
STREET ADDRESS	<u>6101 Holmes Blvd</u>	
CITY-ST-ZIP	<u>Holmes Beach FLA 34217</u>	
TITLE	<u>Vice President</u>	<input type="checkbox"/> Delete
NAME	<u>Terry L. Smith</u>	
STREET ADDRESS	<u>6101 Holmes Blvd</u>	
CITY-ST-ZIP	<u>Holmes Beach FLA 34217</u>	
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		
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:

Wendy B. Smith President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/00 941)778-1413

Date

Daytime Phone #

CR2E034 (9/99)