2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P96000015313

1. Entity Name

BEAR CONSULTING OF ORLANDO, INC.



Principal Place of Business 1816 E. HILLCREST STREET ORLANDO FL 32803

TURNER, JACQUELYN

1161 GLENMOOR CT. **CLEARWATER FL 33764**

SIGNATURE _

Mailing Address

1816 E. HILLCREST STREET

ORLANDO FL 32803

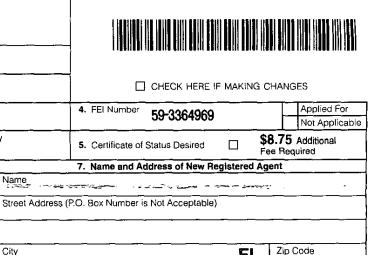
| 2. Principal Place of Bus | iness | 3. Mailing Addres | | |
|---------------------------|---------|-------------------|---------|----|
| Suite, Apt. #, etc. | | Suite, Apt. #, et | | |
| City & State | | City & State | 4. | |
| Žip | Country | Zip | Country | 5. |

6. Name and Address of Current Registered Agent

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

FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90089 041 ***150.00



DATE

| 3. . Th | e above | named (| entity su | bmits thi | s statemer | nt for the | purpose of | changing if | s registered | office or re | egistered a | agent, or b | oth, in the | State of Florida | a. I am fam | niliar with, and accept | |
|----------------|------------|-----------|-----------|-----------|------------|------------|------------|-------------|--------------|--------------|-------------|-------------|-------------|------------------|-------------|-------------------------|--|
| the | e obligati | ons of re | egistere | d agent. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

City

FILE NOW!!! FEE IS \$150.00 After May 1, 2003. Fee will be \$550.00 Make Check Payable to Florida Department of State (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE Delete TITLE MOORE, MICHAEL H NAME NAME 1816 E. HILLCREST STREET STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 eath; 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

SIGNATURE: