

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025094

1. Entity Name

BEARWARE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90290 050 ***150.00

Principal Place of Business

5639 W. PINE CIRCLE
CRYSTAL RIVER FL 34429

Mailing Address

5639 W. PINE CIRCLE
CRYSTAL RIVER FL 34429-7768

2. Principal Place of Business

5639 W. Pine Circle
Suite, Apt. #, etc. T.L
Crystal River FL

3. Mailing Address

5639 W. Pine Cir.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Crystal River FL

City & State
Crystal River FL

4. FEI Number 59-3373380

Applied For
Not Applicable

Zip 34429 Country Citrus

Zip 34429 Country Citrus

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGEMAYR, KURT T
5639 W. PINE CIRCLE
CRYSTAL RIVER FL 34429

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/10/2000

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	D	<input type="checkbox"/> Delete
NAME	LANGEMAYR, KURT T	
STREET ADDRESS	5639 W. PINE CIRCLE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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		
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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: *Kurt Langemayr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-10-2000 Daytime Phone # 352-563-5579

CR2E034 (9/99)