

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044184

1. Entity Name

BLACK BEAR, INC.

Principal Place of Business

1450 MERRICK RD.
LAKELAND FL 33801
US

Mailing Address

1450 MERRICK RD.
LAKELAND FL 33801-2868
US

2. Principal Place of Business

1450 Merrick Rd

Suite, Apt. #, etc.

3. Mailing Address

1450 merrick Rd

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

Zip

33801

Country

USA

Zip

33801

Country

USA

4. FEI Number

59-3391599

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRACEY, JAMES
1450 MERRICK RD.
LAKELAND FL 33801

Name

Tracey, James

Street Address (P.O. Box Number is Not Acceptable)

1450 merrick Rd

City

Lakeland

FL

Zip Code

33801

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

James K. Tracey

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00

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	PD	<input type="checkbox"/> Delete
NAME	TRACEY, JAMES	
STREET ADDRESS	1450 MERRICK RD.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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
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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:

James K. Tracey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00 863-689224

CR2E034 (9/99)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90048 014 ***158.75



DO NOT WRITE IN THIS SPACE