

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 02, 2001 8:00 am
Secretary of State**

02-02-2001 90264 035 ***158.75

DOCUMENT # P96000100599

1. Entity Name

FEARLESS ENTERPRISES, INC.

Principal Place of Business

5997 LEELAND ST
ST PETERSBURG FL 33711
US

Mailing Address

4045 PARK BOULEVARD
PINELLAS PARK FL 33781

2. Principal Place of Business

4740 BRITTANY DR. S.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 129

City & State

ST. PETERSBURG, FL

City & State

Zip

33715

Country

Zip

Country

4. FEI Number **59-3433308**

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**FEARS, SHERRY
4045 PARK BOULEVARD
PINELLAS PARK FL 33781

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FEARS, SHERRY L | |
| STREET ADDRESS | 5997 LEELAND ST | |
| CITY-ST-ZIP | ST PETERSBURG FL 33715 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | FEARS, GREG | |
| STREET ADDRESS | 6000 51ST STREET | |
| CITY-ST-ZIP | ST PETERSBURG FL 33715 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | FEARS, SCOTT | |
| STREET ADDRESS | 5997 LEELAND ST | |
| CITY-ST-ZIP | ST PETERSBURG FL 33711 | |
| 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 | | |

| | | |
|----------------|----------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4740 BRITTANY DR. S., #129 | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33715 | |
| 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 | 2690-58 TERR. S. | |
| 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 | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2001

Date

727 591 5200

Daytime Phone #

CR2E034 (10/00)