

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077862

1. Entity Name
BEARDOG, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90207 023 ***150.00

Principal Place of Business
550 S. OCEAN BLVD
STE 2007
BOCA RATON FL 33432

Mailing Address
550 S. OCEAN BLVD
STE 2007
BOCA RATON FL 33432-6285



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
250 S. Ocean Blvd
Suite, Apt. #, etc.
#7H
City & State
Boca Raton FL
Zip
33432
Country
US

3. Mailing Address
250 S. Ocean Blvd #7H
Suite, Apt. #, etc.
#7H
City & State
Boca Raton FL
Zip
33432
Country
US

4. FEI Number 65-0804783
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HANNIFAN, JAMES
4850 NW 5TH AVE.
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
Name Colleen Hannifan
Street Address (P.O. Box Number is Not Acceptable)
250 S. Ocean Blvd #7H
City Boca Raton FL Zip Code 33432

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 Colleen B. Hannifan Secy/Treasurer 3/30/00
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, 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	HANNIFAN, JOHN T	
STREET ADDRESS	250 S OCEAN BLVD, STE 2007 #7H	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANNIFAN, COLLEEN B	
STREET ADDRESS	250 S OCEAN BLVD, STE 2007 #7H	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANNIFAN, JAMES T	
STREET ADDRESS	4850 NW 5TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Colleen B. Hannifan 3/30/00 561-391-0820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)