

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0011628
AV

DOCUMENT # P98000103266

1. Entity Name
BLACK BEAR RESERVE EQUIPMENT COMPANY



Principal Place of Business
505 WEKIVA SPRINGS RD., STE. 800
500
LONGWOOD FL 32779

Mailing Address
505 WEKIVA SPRINGS RD., STE. 800
500
LONGWOOD FL 32779

FILED
04 FEB 19 PM 12:18

REINS
TALLAHASSEE
03-24



2. Principal Place of Business
994 Lake Destiny Road

Suite, Apt. #, etc.
Suite 102

City & State
Altamonte Springs FL

Zip
32714

Country
USA

3. Mailing Address
994 Lake Destiny Road

Suite, Apt. #, etc.
Suite 102

City & State
Altamonte Springs FL

Zip
32714

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3546408

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JURGENS, J.A.
505 WEKIVA SPRINGS RD., STE. 800
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name
Albert E Ford II
Street Address (P.O. Box Number is Not Acceptable)
994 Lake Destiny Road
Suite 102
City
Altamonte Springs FL Zip Code
32714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/17/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARSON, MARK R
P.O. BOX 520
SORRENTO FL 32776 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARSON, LEE ANN
P.O. BOX 520
SORRENTO FL 32776 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000029395020
02/25/04--01042--002 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000029395020
02/25/04--01042--003 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
MARLENE CARSON DR.

12-1-03

407-234-1071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)