

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90481 038 ***150.00

0117676

DOCUMENT # P99000051775

1. Entity Name

SLEEPING BEARS, INCORPORATED

Principal Place of Business

189 EL CAPITAN DRIVE
 ISLAMORADA FL 33036

Mailing Address

189 EL CAPITAN DRIVE
 ISLAMORADA FL 33036

00026813



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7802 SUGAR BROOK CT.

3. Mailing Address

P.O. BOX 692605

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 ORLANDO FL

City & State
 ORLANDO FL

4. FEI Number **59-9499051**

Applied For

Not Applicable

Zip
 32819

Country
 USA

Zip
 32869

Country
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, CHRIS F
 189 EL CAPITAN DRIVE
 ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name **BRANT MYERS**

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

7802 SUGAR BROOK CT.

City **ORLANDO**

FL **32819**

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

3-9-01

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

TITLE **P** ☒ Delete
 NAME **MYERS, CHRISTOPHER**
 STREET ADDRESS **189 EL CAPITAN DRIVE**
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE **T** ☒ Delete
 NAME **MYERS, CHRISTOPHER**
 STREET ADDRESS **189 EL CADITAN DRIVE**
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **BRANT MYERS**
 STREET ADDRESS **7802 SUGAR BROOK CT**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **T** ☒ Change ☐ Addition
 NAME **BRANT MYERS**
 STREET ADDRESS **7802 SUGAR BROOK CT**
 CITY-ST-ZIP **ORLANDO FL 32819**

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

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

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

TITLE ☐ Change ☐ 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

BRANT MYERS

3-9-01

Date

Daytime Phone #

407 226 1007

CR2E034 (10/00)