

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90755 028 ***150.00

0024956 AV

DOCUMENT # P99000081526

1. Entity Name
3 BEARS ENTERPRISES, INC.

Principal Place of Business Mailing Address
~~4224 ORTEGA FOREST DRIVE~~ ~~4224 ORTEGA FOREST DRIVE~~
~~JACKSONVILLE FL 32210~~ ~~JACKSONVILLE FL 32210~~

2. Principal Place of Business 3. Mailing Address
480 STATE RD. 13 N. **12412 SAN JOSE BLVD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE. 301

City & State City & State
JACKSONVILLE, FL **JACKSONVILLE, FL**

Zip Country Zip Country
32259 ~~FLORIDA~~ **32223**



DO NOT WRITE IN THIS SPACE

4. FEI Number **62-1794354** 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
GREER, WILLIAM Name
4224 ORTEGA FOREST DRIVE Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32210 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, ANGELA J		NAME		
STREET ADDRESS	4224 ORTEGA FOREST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREER, WILLIAM		NAME		
STREET ADDRESS	4224 ORTEGA FOREST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **William F Greer** **4/2/02** **904-260-9220**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)