

2002 UNIFORM BUSINESS REPORT (UBR)

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

0025625 AV

DOCUMENT # P99000081529

1. Entity Name

3 BEARS PROPERTIES, INC.

04-10-2002 90755 029 ***150.00

Principal Place of Business

~~4224 ORTEGA FOREST DRIVE~~
~~JACKSONVILLE FL 32210~~

Mailing Address

~~4224 ORTEGA FOREST DRIVE~~
~~JACKSONVILLE FL 32210~~

B0062621



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12412 SAN JOSE BLVD.

Suite, Apt. #, etc.

STE 301

City & State

JACKSONVILLE, FL

Zip **32223**

Country ~~FLORIDA~~

3. Mailing Address

12412 SAN JOSE BLVD

Suite, Apt. #, etc.

STE 301

City & State

JACKSONVILLE, FL

Zip **32223**

Country ~~FLORIDA~~

4. FEI Number

62-1794387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREER, WILLIAM

4224 ORTEGA FOREST DRIVE

JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

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, 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

TITLE **P** ☐ Delete
NAME **HARRIS, ANGELA J**
STREET ADDRESS **4224 ORTEGA FOREST DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **S** ☐ Delete
NAME **GREER, WILLIAM**
STREET ADDRESS **4224 ORTEGA FOREST DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

x 4/2/02 **904-260-9220**

CR2E034 (9/01)