2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V66927 DOCUMENT

1. Entity Name

TEDDY BEAR OF CITRUS COUNTY, INC.



04-23-2003 90053 038 ***158.75 Principal Place of Business Mailing Address 109 PLEASANT GROVE RD. 109 PLEASANT GROVE RD. INVERNESS FL 34452 INVERNESS FL 34452 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3150393 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEHL, SHIRLEY A. Street Address (P.O. Box Number is Not Acceptable) 109 PLEASANT GROVE RD. **INVERNESS FL 34452** City 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. 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 ζ£ FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ■ Addition MEHL. SHIRLEY A NAME NAME STREET ADDRESS 808 LANARK ST STREET ADORESS **INVERNESS FL** CITY-ST-ZIP CITY-ST-ZIP CVST TITLE Delete TITLE ☐ Addition MEHL, ROBERT L NAME NAME STREET ADDRESS **808 LANARK ST** STREET ADDRESS CITY-ST-ZIP **INVERNESS FL** CITY-ST-ZIP TITLE ☐ Delete TÎTLÊ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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

CITY-ST-ZIP

STREET ADDRESS

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

APAIL 22, 20+3 352-341-3244

FILED

Apr 23, 2003 8:00 am Secretary of State

CR2E034 (10/02)