

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90198 006 \*\*\*150.00

**DOCUMENT # M74172**

1. Entity Name

**GREAT IMPRESSIONS, INC.**

Principal Place of Business

Mailing Address

481 S. ORLANDO AVE.  
 MAITLAND FL 32751  
 US

481 S. ORLANDO AVE.  
 MAITLAND FL 32751  
 US

2. Principal Place of Business

3. Mailing Address

5429 Lake Howell Rd.  
 Suite, Apt. #, etc.

5429 Lake Howell Rd.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Winter Park, FL

City & State  
 Winter Park, FL

4. FEI Number **59-2879038**

Applied For  
 Not Applicable

Zip  
 32792

Country  
 US

Zip  
 32792

Country  
 US

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

WATZMAN, DAVID L.  
 633 WOODLAND ST.  
 ALTAMONTE SPRINGS FL 32714

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 *David Watzman, Sec-Treasurer*  
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATZMAN, KAREN 633 WOODLAND ST. ALTAMONTE SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WATZMAN, DAVID 633 WOODLAND ST. ALTAMONTE SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *David Watzman* **DAVID WATZMAN** 1/15/01 407-647-5151  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)