## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 16, 2002 8:00 am Secretary of State DOCUMENT # M74172 1. Entity Name 01-16-2002 90042 003 \*\*\*150.00 GREAT IMPRESSIONS, INC. Principal Place of Business Mailing Address 5429 LAKE HOWELL RD 5429 LAKE HOWELL RD WINTER PARK FL 32792 WINTER PARK FL 32792 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2879038 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee\_Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WATZMAN, DAVID L. Street Address (P.O. Box Number is Not Acceptable) 633 WOODLAND ST. ALTAMONTE SPRINGS FL 32714 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change ☐ Addition TITLE ☐ Delete TITLE. WATZMAN, KAREN NAME NAME 633 WOODLAND ST. STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME WATZMAN, DAVID NAME STREET ADDRESS 633 WOODLAND ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP