


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

05-20-2005 90033 001 \*\*\*158.75

DOCUMENT # **P02 00012017**  
1. Entity Name **Great Seats Inc**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **5418 Madison St**  
Suite, Apt. #, etc.

3. Mailing Address **7008 Hazelhurst Ct**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **New Port Richey FL** City & State **Tampa FL** 4. FEI Number **22-3877626** Applied For  Not Applicable

Zip **34652** Country **Pasco** Zip **33615** Country **Hillsborough** 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Spiegel & Utrera, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**1840 Coral Way, 4th Floor**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Gloria Darrigo 7008 Hazelhurst Ct Tampa, FL 33615-2945</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Gloria Darrigo* 4/26/05 (813)390-6038  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)