

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90613 042 \*\*\*150.00

**DOCUMENT # P99000007458**

1. Entity Name  
**GREAT MORAVIA CORP.**

Principal Place of Business      Mailing Address  
P.O. BOX 76295      P.O. BOX 76295  
ST. PETERSBURG FL 33734      ST. PETERSBURG FL 33734

2. Principal Place of Business      3. Mailing Address  
**504 100TH AVE. N.**      ← **SAME**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**APT. 201**



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**ST. PETERSBURG**           **59-3551723**      Not Applicable  
Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**33702**                    

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**PASEK, MICHAEL D**      Name  
**4851 85TH AVE.**      Street Address (P.O. Box Number is Not Acceptable)  
**PINELLAS PARK FL 33781**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.       **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	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIK, ALEXEJ	NAME	
STREET ADDRESS	<del>P.O. BOX 76295</del> 504 100TH AVE. N., #201	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33734 → 33702	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	V.P./D PAVLA MAJEROVA
STREET ADDRESS		STREET ADDRESS	504 100TH AVE. N., #201
CITY-ST-ZIP		CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANGE ADDRESS	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]*      **ALEXES LANIK**  
PRESIDENT      2/28/01      727-576-8187  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)