

F05000005997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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7p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Great Changes Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Pamela Wood-Eyre
(Name of Person)

Great Changes Inc.
(Firm/Company)

218 East Arcade Ave.
(Address)

Clewiston, Florida 33440
(City/State and Zip code)

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For further information concerning this matter, please call:

Pam Wood at (863) 983-9495
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 7, 2005

PAMELA WOOD-EYRE
GREAT CHANGES INC.
218 EAST ARCADE AVE.
CLEWISTON, FL 33440

SUBJECT: GREAT CHANGES INC.
Ref. Number: W05000041573

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TALLAHASSEE, FLORIDA

We have received your document for GREAT CHANGES INC. and your check totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.
- ✓ The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.
- ✓ A brief description of the entity's nature of business must be included in the document.
- ✓ Please note that the nature of the business should be described in section 8 of your application.
- ✓ Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 905A00055574



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 7, 2005

PAMELA WOOD-EYRE
GREAT CHANGES INC.
218 EAST ARCADE AVE.
CLEWISTON, FL 33440

SUBJECT: GREAT CHANGES INC.
Ref. Number: W05000041573

We have received your document for GREAT CHANGES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Thank you for returning your application. Although you completed all the corrections we requested on the first page, the second page was still left unsigned. We are returning that page to you with this letter. Please sign and return this page along with a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 005A000611

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Great Changes Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio 3. 870498
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 26, 1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. No
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 218 East Arcade Ave
(Principal office address)

Clewiston, Florida
(Current mailing address)

8. Business development bringing products
market for small businesses
Best service to customers
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Pamela Wood

Office Address: 218 East Arcade Ave
Clewiston, Florida 33440
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Pamela Wood-Eyre
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Pamela Wood-Eyre (Pamela Wood-Eyre)

Address: 316 East Arcade Ave

Clewiston, Florida 33440

Vice President: Wendie Park (Wendie Park)

Address: 1117 Turnberry Drive

Knoxville, Tennessee 37923

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Pamela Wood-Eyre
(Signature of Director or Officer listed in number 12 of the application)

14. Pamela Wood-Eyre, President
(Typed or printed name and capacity of person signing application)

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 TALLAHASSEE, FLORIDA
 10-3-05



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/17/2005	200522802694	DOMESTIC/AMENDED RESTATED ARTICLES (AMA)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

PAMELA G. EYRE
218 E. ARCADE AVE.
CLEWISTON, FL 33440

**STATE OF OHIO
CERTIFICATE**
Ohio Secretary of State, J. Kenneth Blackwell

870498

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
GREAT CHANGES INC.

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

DOMESTIC/AMENDED RESTATED ARTICLES

200522802694



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 16th day of August, A.D. 2005.

J. Kenneth Blackwell
Ohio Secretary of State

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE