2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

% DAN CARBONE, ESQ.

SINGER ISLAND FL 33404

2655 N. OCEAN DRIVE - SUITE #300

K92482 DOCUMENT

GREAT SOUTHERN CORPORATION

1. Entity Name

Principal Place of Business

2655 N. OCEAN DRIVE - SUITE #300

% DAN CARBONE. ESQ.

SINGER ISLAND FL 33404



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90081 044 ***150.00

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2. Principal Place of Business		3. Mailing Address				CHECK HERE IF MAKING CHANGES			
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & Sta	te	City & State				4. FEI Number 65-0194540 Applied For Not Applied For			Applied For
Zip	Country	Zip	Count	ntry		5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CARBONE, DANIEL F. 6351 HATTERAS CLUB DR				Name Daniel F. Carbone, Esq. Street Address (P.O. Box Number is Not Acceptable)					
LAKE WO	RTH FL 33463		2655 N			. Ocean Drive - #300			
	· · · · · · · · · · · · · · · · · · ·	City			-				
			City Singe:			r Island, FL Zip Code 33404			
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office o	r registere	d age	ent, or both, in the State of Florida. La	am familiar	with, and accept
the obliga	tions of registered agent.								· · · · ·
SIGNATURE	Signature, typed or printed partial registered agent ar	<u></u>			Carbo		, Esq. 1/17/		
	ILE NOW!!! FEE IS \$150.00	, ,				—-г		-	
	r May 1, 2003 Fee will be \$550.00					.	9. Election Campaign Financing	٠. \$	5.00 May Be
Make Check	k Payable to Florida Department of				٠.,	Trust Fund Contribution.	⊔ A	Added to Fees	
10.	OFFICERS AND D	DIRECTORS	11.	-		ADE	DITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 11
TITLE	PSTD	☐ Delete	TITLE		PSTD)		XXX	inge
	CARBONE, DANIEL F.		NAME		Carb	one	e, Daniel F.	9	
	6351 HATTERAS CLUB DR		STREET	f address	2655	N	Ocean Drive -	#3nn	
CITY-ST-ZIP	LAKE WORTH FL 33463		CITY-S	ST-ZIP	Sina	ıer	Island, FL 334	// 3 0 0 N //	
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CITY-ST-ZIP			CITY-ST	r- ZIP					
12 I bereby co	ertify that the information ounglied with the	1- FIE							

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 Block 11 if

Carbone

WECONIEL . SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03 (561) 863-9962

Date