

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90168 008 ***150.00

0695109 AT

DOCUMENT # M98869
 1. Entity Name
GREAT LAKES CONSULTING INCORPORATED

Principal Place of Business
7463 W SAMPLE RD
POMPANO BEACH FL 33065

Mailing Address
5310 BAYBERRY LANE
TAMARAC FL 33319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10277 NW 53 STREET
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 25308
 Suite, Apt. #, etc.

City & State
SUNRISE, FL

City & State
TAMARAC, FL

Zip
33351

Country
USA

Zip
33320

Country
USA

4. FEI Number
65-0072063

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, GREGORY W.
5310 BAYBERRY LN
TAMARAC FL 33071

7. Name and Address of New Registered Agent

Name
FOSTER, GREGORY W

Street Address (P.O. Box Number is Not Acceptable)
10277 NW 53 STREET

City
SUNRISE, FL

Zip Code
33351

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 **GREGORY W. FOSTER** **4/10/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE
PVS

NAME
FOSTER, GREGORY W.

STREET ADDRESS
5310 BAYBERRY LANE

CITY-ST-ZIP
TAMARAC FL

☐ Delete

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D/A/S/T

NAME
FOSTER, GREGORY W

STREET ADDRESS
7505 NE 137 PLACE

CITY-ST-ZIP
CITRA, FL 32113

☒ Change ☐ Addition

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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: **GREGORY W FOSTER** **4/10/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **954-742-8383**

CR2E034 (9/01)