2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 07, 2000 8:00 am Secretary of State **DOCUMENT # N18006** 1. Entity Name GREAT EXPLORATIONS, INC. 07-07-2000 90395 017 ****61.25 Principal Place of Business Mailing Address 325 1ST ST. NE 325 1ST ST. NE ST. PETERSBURG FL 33701-2901 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2763359 Not Applicable Country \$8.75 Additional Country Żίο 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ULRICH, SHAWN M. 325 1ST STREET NE ST. PETERSBURG FL 33701 Zip Code City 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. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. X Change ☐ Addition TITLE ☐ Delete TITLE D HOUGHTON, BETH NAME NAME Houghton, Beth 801 6TH ST. S. STREET ADDRESS STREET ADDRESS 801 6th Street S. CITY-ST-ZIP CITY-ST-ZIE ST. PETERSBURG FL 33701 <u>St. Petersburg, FL 33701</u> ☐ Change Addition ☐ Delete TITLE TITLE P BAYES, MICHAEL J NAME NAME Kevin McKeon 901 LIVE OAK AVE NE STREET ADDRESS STREET ADDRESS 655=16=Ave=NE---CITY ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL St. Petersburg, FL 33704 ☐ Change X Addition TITLE TITLE ☐ Delete MANN, MARY JOAN NAME NAME Dr. H. William Heller STREET ADDRESS 531 BRIGHTWATERS BLVD STREET ADDRESS 140 7th Ave. S. DAV136 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL St. Petersburg, FL 33701 ☐ Change ☐ Addition TITLE ☐ Delete TITLE PATTTERSON, ROBERT JR NAME STREET ADDRESS STREET ADDRESS 325 1ST ST. NR CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIE

SIGNATURE

CITY-ST-ZIP

KOTOMOTISE REQUIRED

06/29/00

127-821-8992

Daytime Phone #