

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18006

1. Entity Name

GREAT EXPLORATIONS, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90123 001 ****61.25

Principal Place of Business

325 1ST ST. NE
ST. PETERSBURG FL 33701

Mailing Address

325 1ST ST. NE
ST. PETERSBURG FL 33701

2. Principal Place of Business

800-2nd Ave NE

3. Mailing Address

325-1st St. NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 59-2763359	Applied For Not Applicable
Zip 33701	Country USA	Zip 33701	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ULRICH, SHAWN M.
325 1ST STREET NE
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name
Robert B. Patterson
Street Address (P.O. Box Number is Not Acceptable)
325-1st St. NE
City
St. Petersburg FL Zip Code
33701

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 Robert B. Patterson DATE 2/14/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUGHTON, BETH 801 6TH ST. S. ST. PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mrs. Michelle Breen 425-22nd Ave No. St. Petersburg, FL 33704	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYES, MICHAEL J 901 LIVE OAK AVE NE ST. PETERSBURG FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Jeffrey Goodis PO Box 90 St. Petersburg, FL 33716	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, MARY JOAN 531 BRIGHTWATERS BLVD ST. PETERSBURG FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mrs. Joyce Otazo 1118 Monterey Blvd St. Petersburg, FL 33704	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, ROBERT JR 325 1ST ST. NR ST. PETERSBURG FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKEON, KEVIN 655 16 AVE NE SAINT PETERSBURG FL 33704	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLER, DR H WILLIAM 140 7TH AVE S, DAV136 SAINT PETERSBURG FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Robert B. Patterson Robert B. Patterson 3/14/01 (727) 821-8992