

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N18006**

1. Entity Name

GREAT EXPLORATIONS, INC.

Principal Place of Business

**800 2ND AVE NE
ST. PETERSBURG FL 33701**

Mailing Address

**325 1ST ST. NE
ST. PETERSBURG FL 33701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2763359

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERSON, ROBERT B
325 1ST STREET NE
ST. PETERSBURG FL 33701**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BREEN, MICHELLE**
STREET ADDRESS **425 22ND AVE N.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**TITLE **D** ☐ Delete
NAME **GOODIS, JEFFREY**
STREET ADDRESS **P.O. BOX 90**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**TITLE **D** ☐ Delete
NAME **OTAZO, JOYCE**
STREET ADDRESS **1118 MONTEREY BLVD**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**TITLE **D** ☐ Delete
NAME **PATTTERSON, ROBERT JR**
STREET ADDRESS **325 1ST ST. NR**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**TITLE **P** ☐ Delete
NAME **MCKEON, KEVIN**
STREET ADDRESS **655 16 AVE NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**TITLE **D** ☐ Delete
NAME **HELLER, DR H WILLIAM**
STREET ADDRESS **140 7TH AVE S, DAV136**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Change ☐ Addition
NAME **McKeon, Kevin**
STREET ADDRESS **655 16 Avenue NE**
CITY-ST-ZIP **St. Petersburg, FL 33704**TITLE **P** ☒ Change ☐ Addition
NAME **Dr. H. William Heller**
STREET ADDRESS **140 7th Avenue South**
CITY-ST-ZIP **St. Petersburg, FL 33701**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

(727) 821-8992

Daytime Phone #

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90042 002 ****61.25



DO NOT WRITE IN THIS SPACE

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