


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90304 035 \*\*\*150.00

**80017502**

DOCUMENT # <b>P00000082651</b>	
1. Entity Name <b>GREATWALL ENTERPRISES, INC</b> <b>412 REID AVE</b> <b>PORT ST JOE FL 32456</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>SAME AS ABOVE</b>		3. Mailing Address <b>SAME AS ABOVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>59-3664654</b>		Applied For <input type="checkbox"/> No: Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>SHAO CHANG LIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2009 PALM BLVD</b> City <b>PORT ST JOE</b> <b>FL</b> Zip Code <b>32450</b>		

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reissuing)</small>		DATE _____
January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>SHAO CHANG LIN</b> <b>2009 PALM BLVD</b> <b>PORT ST JOE FL 32456</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 	<b>SHAO CHANG LIN</b> 1/27/03 850-227-9999
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Day/Mo/Yr Phone *</small>

CR2E034B (1/2/02)



Attachment DOCT# P00000082051

FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

January 17, 2003

GREAT WALL ENTERPRISES, INC.  
412 REID AVENUE  
PORT SAINT JOE, FL 32456

80617502

Subject: GREAT WALL ENTERPRISES, INC.

Reference Number: ~~000000072131~~

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/bg

ANNUAL REPORTS SECTION

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.