

7099 3220 0010 8866 1691
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90052 041 ***150.00

DOCUMENT # P94000086871

1. Entity Name

GREAT POTPOURRI, INC.

Principal Place of Business

601 W SEMINOLE BLVD
SANFORD FL 32771

Mailing Address

PMB 354
1982 SR 44
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

1311 E Second St

Suite, Apt. #, etc.

3. Mailing Address

1301 E Second St

Suite, Apt. #, etc.

City & State

Sanford FL 32771-1415

Zip

Country

City & State

Sanford FL 32771-1415

Zip

Country

4. FEI Number

59-3282096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KELLEY, EOGHAN N
601 W SEMINOLE BLVD
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

Harold G Hartsock

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

1311 E Second St

City

Sanford FL

FL

Zip Code
32771

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, type 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KELLEY, EOGHAN
601 W SEMINOLE BLVD
SANFORD FL 32771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARTSOCK, HAROLD G
1311 E 2ND ST
SANFORD FL 32771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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: Eoghan N Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386 345 0513

Daytime Phone #

CR2E034 (9/01)