

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-10-2001 90138 009 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000022793			
1. Entity Name GREAT FLOORS!, INC.			
Principal Place of Business 5246 COMMERCIAL WAY SPRING HILL FL 34606		Mailing Address 5246 COMMERCIAL WAY SPRING HILL FL 34606	
2. Principal Place of Business		3. Mailing Address P.O. Box 429	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HOMOSASSA SPRINGS, FL	
Zip	Country	Zip 34447	Country U.S.A.
4. FEI Number 59-3497758		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELKONIAN, D A 8229 PAGODA DR SPRING HILL FL 34606		7. Name and Address of New Registered Agent Name: MELKONIAN, D.A. Street Address (P.O. Box Number is Not Acceptable): 6410 U.S. HWY. 19 S. City: HOMOSASSA, FL Zip Code: 34446	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		D.A. MELKONIAN PRES. 1/5/01 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELKONIAN, D.A. 8229 PAGODA DR SPRING HILL FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELKONIAN, D.A. 9346 SOUTHERN BELLE DR. BROOKSVILLE, FL 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MELKONIAN, MICKI 8229 PAGODA DR SPRING HILL FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MELKONIAN, MICKI 9346 SOUTHERN BELLE DR. BROOKSVILLE, FL 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/5/01 (352)628-2294 <small>Date Daytime Phone #</small>	

CR2E034 (10/00)