

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90132 004 ***550.00

DOCUMENT # P98000040608

1. Entity Name
GREAT LAKES OPTIONS OF FLORIDA, INC.

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Principal Place of Business Mailing Address
8810 AVONDALE LN 8810 AVONDALE LN
BAYONET POINT FL 34667 BAYONET POINT FL 34667

2. Principal Place of Business 3. Mailing Address
6858 Copperfield Dr 6858 Copperfield Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
New Port Richey, Florida New Port Richey, Florida
 Zip Country Zip Country
34655 USA 34655 USA

4. FEI Number **59-3519392** 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

CONLEY, DOUGLAS
8810 AVONDALE LN
BAYONET POINT FL 34667

7. Name and Address of New Registered Agent

Name **Conley, Douglas**
 Street Address (P.O. Box Number is Not Acceptable)
6858 Copperfield Dr
 City **New Port Richey** **FL** Zip Code **34655**

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 *Douglas M. Conley*

7/17/02
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	<input type="checkbox"/> Delete
	D CONLEY, DOUGLAS	8810 AVONDALE LN	BAYONET POINT FL 34667	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Douglas M. Conley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/02 727 858 1188
 Date Daytime Phone #

CR2E034 (4/02)