

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056693

1. Entity Name

BIG OPPORTUNITIES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90134 042 ***150.00

Principal Place of Business

8668 NAVARRE PKWY
#153
NAVARRE FL 32566
US

Mailing Address

8668 NAVARRE PKWY
#153
NAVARRE FL 32566-2185
US

BIG OPPORTUNITIES 1-800-656-9498
PMB # 413
10859 EMERALD COAST PKWY. W
DESTIN, FLORIDA 32541-~~8000~~
7869

BIG OPPORTUNITIES 1-800-656-9498
PMB # 413
10859 EMERALD COAST PKWY. W
DESTIN, FLORIDA 32541-~~8000~~
7869



DO NOT WRITE IN THIS SPACE

Zip

Country

USA

Zip

Country

USA

EI Number

59-3519622

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

PAULSON, KAREN
8668 NAVARRE PKWY
UNIT 153
NAVARRE FL 32566

Name
KAREN PAULSON

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

PMB # 413

10859-EMERALD COAST PARKWAY WEST

City
DESTIN

FL 32541-7869

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

KAREN PAULSON

[Signature]

4-14-00

Signature, typed 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PAULSON, KAREN
8735 NAVARRE PARKWAY
NAVARRE FL 32566

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
KAREN PAULSON 1-800-656-9498
BIG OPPORTUNITIES INC.
PMB # 413
10859 EMERALD COAST PKWY. W
DESTIN, FLORIDA 32541-~~8000~~
7869

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

[Signature] KAREN PAULSON

4-14-00

850-650-9585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)