

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90032 039 \*\*\*150.00

0075993

**DOCUMENT # P99000024826**

1. Entity Name  
**GREAT IDEAS, INC.**

Principal Place of Business  
**1956 LAKE HERITAGE CIRCLE, #917**  
**ORLANDO FL 32839**

Mailing Address  
**1956 LAKE HERITAGE CIRCLE, #917**  
**ORLANDO FL 32839**

**00032362**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5500 Metrowest Blvd**  
 Suite, Apt. #, etc.  
**108**

3. Mailing Address  
**5500 Metrowest Blvd**  
 Suite, Apt. #, etc.  
**108**

City & State  
**Orlando FL**

City & State  
**Orlando FL**

4. FEI Number **59-3567083**

Applied For  
 Not Applicable

Zip  
**32811**

Country

Zip  
**32811**

Country

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

**PAPASAKELLARIOU, DANIEL**  
**1956 LAKE HERITAGE CIRCLE, #917**  
**ORLANDO FL 32839**

Name  
**Giuliano Albarello**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5**  
**5500 Metrowest Blvd #108**  
 City **Orlando** **FL** Zip Code **32811**

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 *Giuliano Albarello*

(NOTE: Registered Agent signature required when reinstating)

DATE **03-25-01**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PAPASAKELLARIOU, DANIEL 1956 LAKE HERITAGE CIRCLE, #917 ORLANDO FL 32839 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ALBARELLO, GIULIANO 1956 LAKE HERITAGE CIRCLE, #917 ORLANDO FL 32839 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>Albarello, Giuliano</b> <b>5500 metrowest Blvd #108</b> <b>Orlando FL 32811</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Giuliano Albarello*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **03-25-01**

Daytime Phone # **407-8328921**

CR2E034 (10/00)