

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90012 002 \*\*\*150.00

00077803

DO NOT WRITE IN THIS SPACE

DOCUMENT # R99000079144

1. Entity Name  
 GREAT EXPLANTTATIONS, INC. R

Principal Place of Business: 27304 NW CR 241 ALACHUA, FL 32615  
 Mailing Address: 27304 NW CR 241 ALACHUA, FL 32615

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3599156		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent Hoffner, T. Davison 27304 NW CR 241 Alachua, FL 32615				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code			
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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 \_\_\_\_\_ (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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoffner, T. Davison		NAME		
STREET ADDRESS	27304 NW CR 241		STREET ADDRESS		
CITY-ST-ZIP	Alachua, FL 32615		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sault, Ginger R.		NAME		
STREET ADDRESS	27304 NW CR 241		STREET ADDRESS		
CITY-ST-ZIP	Alachua, FL 32615		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sault, Karl J.		NAME		
STREET ADDRESS	27304 NW CR 241		STREET ADDRESS		
CITY-ST-ZIP	Alachua, FL 32615		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoffner, Jessie M.		NAME		
STREET ADDRESS	27304 NW CR 241		STREET ADDRESS		
CITY-ST-ZIP	Alachua, FL 32615		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: T. D. Hoffner 8/7/00 904 462 1789  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment Doc# P49000079144  
0077863

T.S. CHECHELE, P.A.

Attorney at Law

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Email: tschechele@ij.net

June 30, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Great Explantations, Inc.

Dear Sir or Madam:

I am writing on behalf of the above-referenced corporation, transmitting the corporation's 2000 Uniform Business Report to you.

We are requesting that you accept the enclosed check, in the amount of \$150.00 as payment in full of the 2000 filing fee. Payment of the additional penalty for late filing will result in an extreme financial hardship to this company.

The return was not filed timely, due to the fact that officers did not receive the UBR forms in a timely manner and only discovered the oversight when their information was presented to us as the tax preparer, and we inquired about the Uniform Business Report.

We respectfully request relief on this matter. Thank you for your consideration and assistance.

Very truly yours,



T. Samantha Chechele

cc: T. Davison Hoffner

Enclosures