

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90007 017 \*\*\*150.00

**DOCUMENT # S93155**

1. Entity Name

**GREAT RESOURCES, INC.**

Principal Place of Business

Mailing Address

RIVER POINT DR  
 BEACH FL 32118

2922 RIVER POINT DR  
 DAYTONA BEACH FL 32118-5915

2. Principal Place of Business - *changed 4/14*  
*Not doing business*  
 Suite, Apt. #, etc.  
*In process of business*  
*address change or*  
*dissolution. Was*

3. Mailing Address - *changed 4/14/00*  
*2937 S. Atlantic Ave.,*  
 Suite, Apt. #, etc.  
*#505*  
 City & State  
*Daytona Beach Shores FL*



DO NOT WRITE IN THIS SPACE

Zip  
*never active - never did*

Country

Zip  
*32118*

Country

*USA*

4. FEI Number

**NOT APPLICABLE**

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

*yet.*  
 RAMANAUSKAS, SIGITA  
 2922 RIVER POINT DR  
 DAYTONA BEACH FL 32118

Name  
*Ramanauskas, Sigita*  
 Street Address (P.O. Box Number is Not Acceptable)  
*2937 S. Atlantic Ave., #505*  
 City  
*Daytona Beach Shores* FL Zip Code  
*32118*

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 *Sigita Ramanauskas (Sigita Ramanauskas)* *4/25/00*  
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D RAMANAUSKAS, SIGITA 2922 RIVER POINT DR DAYTONA BEACH FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2937 S. Atlantic Ave.; #505 Daytona Beach Shores, FL 32118	
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
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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: *Sigita Ramanauskas* *(Sigita Ramanauskas)* *4/25/00*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*(904) 295-9036*

CR2E034 (9/99)