2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000066771** Apr 22, 2000 8:00 am Secretary of State THE GREAT INTERNET FACTORY, INC. 04-22-2000 90119 039 ***150.00 Principal Place of Business Mailing Address 3425 LACEWOOD RD P.O. BOX 272819 TAMPA FL 33688-2819 TAMPA FL 33618-3601 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-3300937 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WESTWOOD, KIMBERLY L Street Address (P.O. Box Number is Not Acceptable) 3425 LACEWOOD RD TAMPA FL 33618-3601 Zip Code 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 Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating) 103164.63 10: Election Campaign Financing \$5:00 May Be Trust Fund Contribution. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible. After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE TITLE Delete BUSHONG, CARL W NAME NAME 3425 LACEWOOD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33618-3601 ☐ Addition Change ☐ Defete TITLE TITLE WESTWOOD, KIMBERLY L NAME NAME 3425 LACEWOOD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33618-3601 ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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 eport 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

WESTWOOD

14-APR-00

813-884-1885

Daytime Pl