

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90022 022 ***158.75

DOCUMENT # P94000066771

1. Entity Name

THE GREAT INTERNET FACTORY, INC.

Principal Place of Business

**3425 LACEWOOD RD
 TAMPA FL 33618-3601**

Mailing Address

**P.O. BOX 272819
 TAMPA FL 33688-2819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3300937

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WESTWOOD, KIMBERLY L
 3425 LACEWOOD RD
 TAMPA FL 33618-3601**

7. Name and Address of New Registered Agent

Name **KIMBERLY L. BUSHONG**

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

3425 LACEWOOD ROAD

City **TAMPA**

FL

Zip Code **33618**

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 *Kimberly L Bushong* (**KIMBERLY BUSHONG**) 17-JAN-02

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, 2002 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 <input type="checkbox"/> Delete
NAME	BUSHONG, CARL W
STREET ADDRESS	3425 LACEWOOD RD
CITY-ST-ZIP	TAMPA FL 33618-3601
TITLE	D <input type="checkbox"/> Delete
NAME	WESTWOOD, KIMBERLY L
STREET ADDRESS	3425 LACEWOOD RD
CITY-ST-ZIP	TAMPA FL 33618-3601
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D / V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D / PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSHONG, KIMBERLY L.
STREET ADDRESS	(LEGAL CHANGE OF NAME VIA MARRIAGE)
CITY-ST-ZIP	(SAME ADDRESS LOCATION)
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

Kimberly L Bushong
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(**KIMBERLY BUSHONG**)

17-JAN-02

Date

(813) 884-7835
 Daytime Phone #

CR2E034 (9/01)