

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90143 024 ***150.00

04/3995 AV

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
13176 N DALE MABRY HWY

3. Mailing Address
13176 N DALE MABRY

Suite, Apt. #, etc.
#159

Suite, Apt. #, etc.
#159

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
59-3300937

Applied For
Not Applicable

Zip
33618

Country
USA

Zip
33618

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WESTWOOD, KIMBERLY L
3425 LACEWOOD ROAD
TAMPA FL 33610**

7. Name and Address of New Registered Agent

Name
BUSHONG, KIMBERLY L

Street Address (P.O. Box Number is Not Acceptable)
13176 N DALE MABRY HWY, #159

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kimberly L Bushong*

24-FEB-03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVO BUSHONG, CARL W 3425 LACEWOOD RD TAMPA FL 33618-3601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSHONG, KIMBERLY 3425 LACEWOOD RD TAMPA FL 33618-3601	<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	DVO BUSHONG, CARL W 13176 N DALE MABRY HWY, #159 TAMPA FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSHONG, KIMBERLY L 13176 N DALE MABRY HWY, #159 TAMPA, FL 33618	<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

12. 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 10 or Block 11 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

24-FEB-03 **813-494-6194**
Date Daytime Phone #

CR2E034 (10/02)