

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90425 032 ***150.00

DOCUMENT # P99000104429

i. Entity Name
BUSINESSISGREAT.NET, INC.

Principal Place of Business MAIN STREET,STE.1001 FL 34236	Mailing Address 1605 MAIN STREET,STE.1001 SARASOTA FL 34236
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949069



DO NOT WRITE IN THIS SPACE

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 65-0965254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
GOLDSMITH, STANLEY A
1605 MAIN STREET,STE.1001
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL 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 _____ (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. **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

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	YORK, C. DOUGLAS
STREET ADDRESS	5108 SUNNYDALE CIRCLE NORTH
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	D <input type="checkbox"/> Delete
NAME	KLINGLER, BETH A
STREET ADDRESS	5108 SUNNYDALE CIRCLE NORTH
CITY-ST-ZIP	SARASOTA FL 34233
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	York, C. Douglas
STREET ADDRESS	4789 Sonada Court
CITY-ST-ZIP	Sarasota, FL 34231
TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Klingler, Beth A.
STREET ADDRESS	4789 Sonada Court
CITY-ST-ZIP	Sarasota, FL 34231
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: _____ Date **4-19-00** Daytime Phone # _____

CR2E034 (9/99)