

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

0471989
AV

DOCUMENT # P00000058094



1. Entity Name
NEXTEK SOLUTIONS OF TAMPA, INC.

03-24-2003 90129 004 ***150.00

Principal Place of Business
**8913 REGENTS PARK DR. STE 680
TAMPA FL 33647**

Mailing Address
**8913 REGENTS PARK DR. STE 680
TAMPA FL 33647**



2. Principal Place of Business
8909 REGENTS PARK DRIVE
Suite, Apt. #, etc.
SUITE 400

3. Mailing Address
8909 REGENTS PARK DRIVE
Suite, Apt. #, etc.
SUITE 400

CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number **59-3652246** Applied For
Not Applicable

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

Zip Country Zip Country
33647 **33647**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CFRA, LLC
1 HARBOUR PL
777 S. HARBOUR ISL BLVD, STE 500
TAMPA FL 33602

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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	D KIN, BLAIR <input type="checkbox"/> Delete 8913 REGENTS PARK DR, STE 680 TAMPA FL 33647	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"/> Delete	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"/> Delete	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: **SIGNATURE REQUIRED** **3/15/03** **(813) 727-1594**
Date Daytime Phone #

CR2E034 (10/02)