

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000006482**

1. Entity Name

THE NEXXUS GROUP WORLDWIDE HOLDINGS, INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91350 012 ***150.00

Principal Place of Business

1045 E. ATLANTIC AVENUE, SUITE 214
DELRAY BEACH FL 33483

Mailing Address

1045 E. ATLANTIC AVENUE, SUITE 214
DELRAY BEACH FL 33483

2. Principal Place of Business

219 NE 1st AVENUE

Suite, Apt. #, etc.

3. Mailing Address

219 NE 1st AVENUE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number

65-0934606

Applied For

Not Applicable

Zip

33444

Country

Zip

33444

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TILLEY, MICHAEL R
2000 GLADES ROAD, SUITE 208
BOCA RATON FL 33431

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.

SIGNATURE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CVDS
BARRY, JENNIFER
3220 FREDERICK BLVD., UNIT 41
DELRAY BEACH FL 33483 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CVDS
BARRY, JENNIFER
219 NE 1st AVENUE
DELRAY BEACH, FL 33444 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDPT
THOMAS, SHAUNNE
3220 FREDERICK BLVD., UNIT 41
DELRAY BEACH FL 33483 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDPT
THOMAS, SHAUNNE
219 NE 1st AVENUE
DELRAY BEACH, FL 33444 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)