

2001 UNIFORM BUSINESS REPORT (UBR)

0432704

DOCUMENT # F99000000747

1. Entity Name

NEXPUB, INC. f/k/a/ PRINTONTHE.NET.COM, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business
3820 Executive Way

3. Mailing Address
3820 Executive Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miramar, FL

Miramar, FL

Zip

Country

Zip

Country

33025

USA

33025

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENNIS J. OLLE, ESQ.
2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI, FL 33133

Name

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

City

4. FEI Number

65-0896930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED
01 APR 18 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DENNIS J. OLLE, ESQ.

APRIL

2001

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 WITH
APRIL 19, 2001
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	DCEO	<input type="checkbox"/> Delete
NAME	POLAN, NEAL J.	
STREET ADDRESS	4491 S. State Rd. #7, #214	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	NORRIS, ROBERT K.	
STREET ADDRESS	4491 S. State Rd. #7, #214	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRIDY, ROBERT	
STREET ADDRESS	4491 S. State Rd. #7, #214	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	REICHENBAUM, MARC	
STREET ADDRESS	4491 S. State Rd. #7, #214	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, ADAM	
STREET ADDRESS	4491 S. State Rd. #7, #214	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	PICKETT, GEORGE	
STREET ADDRESS	4491 S. State Rd. #7, #214	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3820 Executive Way	
CITY-ST-ZIP	Miramar, FL 33025	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3820 Executive Way	
CITY-ST-ZIP	Miramar, FL 33025	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	3820 Executive Way	
CITY-ST-ZIP	Miramar, FL 33025	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3820 Executive Way	
CITY-ST-ZIP	Miramar, FL 33025	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3820 Executive Way	
CITY-ST-ZIP	Miramar, FL 33025	

3. 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:

Robert K. Norris

ROBERT K. NORRIS, CFO, 4/2/01 (954) 392-5889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 19 2001

CR2E034 110/001