FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90090 031 ***150.00

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DOCUMENT # P00000029328

1. Entity Name
Nexbiz, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
301 N Hwy 27		PO Box 120788	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Clermont Fl		City & State: Clermont, Fl	
Zip: 34711	Country	Zip: 34712	Country: Lak

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3641284 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: Jayson A Stringfellow
Street Address (P.O. Box Number is Not Acceptable): 1455 W Lakeshore Drive
City: Clermont **FL** Zip Code: 34712

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.
Address Change

SIGNATURE: Jayson A Stringfellow — 3-6-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE Pres	Pres./Dir.	TITLE	
NAME	Jayson A Stringfellow	NAME	
STREET ADDRESS	1455 W. Lakeshore Dr.	STREET ADDRESS	
CITY-ST-ZIP	Clermont, Fl 34711	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	~~Jayson A Stringfellow~~	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with ~~all~~ other like empowered.

SIGNATURE: ________ 3-6-03 (352)-394-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #