

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

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

03-24-2003 90129 004 \*\*\*150.00

**DOCUMENT # P00000058094**

1. Entity Name  
**NEXTEK SOLUTIONS OF TAMPA, INC.**



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

Zip  
**33647**

Country

Zip  
**33647**

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

**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  
8913 REGENTS PARK DR, STE 680  
TAMPA FL 33647** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/03**

**(813) 727-1594**

Date

Daytime Phone #

CR2E034 (10/02)