

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000075202**  
 1. Entity Name  
**NEXTRADE FUTURES EXCHANGE, INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 OCT -9 AM 9:12



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 1100 CLEVELAND ST. SUITE 1000  
 CLEARWATER FL 33755

Mailing Address  
 1100 CLEVELAND ST. SUITE 1000  
 CLEARWATER FL 33755

2. Principal Place of Business  
 301 South Missouri Ave

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Clearwater FL

City & State

4. FEI Number  Applied For  
 Not Applicable

Zip  
 33756

Country  
 US

Zip Country

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

6. Name and Address of Current Registered Agent  
**MERKOW, JEFFREY S**  
 1100 CLEVELAND ST, SUITE 1000  
 CLEARWATER FL 33755

7. Name and Address of New Registered Agent  
 Name  
 Mark E. Yegge  
 Street Address (P.O. Box Number is Not Acceptable)  
 301 South Missouri Ave  
 City  
 Clearwater FL Zip Code  
 33756

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 *Mark E. Yegge* Mark E. Yegge 9/11/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark E. Yegge - P, S <input type="checkbox"/> Delete 301 South Missouri Ave. Clearwater FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John M. Schaible - VP <input type="checkbox"/> Delete 301 South Missouri Ave. Clearwater FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mark E. Yegge* Mark E. Yegge secy 9/11/01 727-692-6475  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AV 0808000

CR2E034 (5/01)