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

SIGNATURE:

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)								FILED Apr 25, 2003 8:00 am Secretary of State						
DOCUMENT # <b>P00000114061</b>														
1. Entity Nan NEXGEN	GROUP, II	NC.						04-25-	2003 9023	52 047 <b>*</b>	**150.0	0		
	ce of Business EE AVENUE WES		Mailing Address 1401 Manatee Avenue West Ste 800 Bradenton FL 34205				11016583							
2. Principal F 40 I Suite, Apt.	Place of Busines  8 th St . #, etc.		3. Mailing Address 401 8th St. W. Suite, Apt. #, etc.											
City & State			City & State				4. FEI Number 65-1061824 Applied For						]	
BRADENTON FL Zig 34205 Country VSA					FL Country USA		<b>5.</b> C	Certificate of Status			8.75 Addee Require		1	
2720	6. Name ar	d'Address of Current Reg	<u> </u>				-7:-N	ame and Address	of New Regi		<u> </u>		٦_	
SANTIAGO, VICTOR G ESQ.						Name								
C/O BARN 3119 MAN			Street Address (P.O. Box Number is Not Acceptable								$\frac{1}{2}$			
BRADENT		(			City FL Zip Code					e	$\frac{1}{2}$			
	e named entity s tions of register	ubmits this statement for the gagent.	purpose of changing its r	registere	ed office or	registere	d age	ent, or both, in the S	tate of Florida	a. I am far	niliar with,	and accept	7	
SIGNATURE	Signature, typed or p	printed name of registered agent and ti	le if applicable. (NOTE:	: Registered	1 Agent signati	ure required v	when rei	nstating)		DATE				
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 lorida Department of St	ate					9. Election Can Trust Fund C		ing		<b>0</b> May Be I to Fees		
10.		OFFICERS AND DIR	ECTORS	11.	<u>-</u>		ADI	DITIONS/CHANGE	S TO OFFICE	RS AND D	IRECTOR	S IN 11	╛.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P   BOUDROT, KEVIN L   1401 MANATEE AVE WEST STE 80   BRADENTON FL 34205		☐ Delete		ME 401		8th ST. W: DENTON, FL 34205			5	∑ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, RICK 603 BARONET LANE HOLMES BEACH FL 34207		☐ Delete					h ST. W. TON, FL	34205	0	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	Delete TITL NAM STRI			· · · ·				Change	Addition	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE					<u>.</u>		Change	Addition	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE						[	Change	☐ Addition	-     .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREE			_			E	Change	Addition	-	
12. I hereby (	Lertify that the in on this report of poration or the in or on an attach	formation supplied with this r supplemental report is the eceiver or trustee empower ment with an address with	filing does not qualify for and accurate and are the dot execute this feport a all other like cryp wared.	the exer	notion stat	ted in Sec ave the sa pter 607,	tion 1 ame le Florid	19.07(3)(i), Florida egal effect as if mad a Statutes; and tha	Statutes. I fur le under oath I my name ap	ther certify that I am pears in B	that the in an officer llock 10 or	nformation or director Block 11 if	1	

4-23-03 941-748-1373