2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P01000005961 DOCUMENT #

1. Entity Name

NEXXT STEP PERFORMANCE, INC.



FILED

						1100				
Principal Place of Business 3460 COUNTRYSIDE BLVD STE 34 CLEARWATER FL 33761			3460	Mailing Address 3460 COUNTRYSIDE BLVD STE 34 CLEARWATER FL 33761						
2. Principal Plac	ce of Busin	ess	3. Ma	3. Mailing Address						8 (191 119) 189)
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4. FEI Number 59-3759057 Applied For Not Applicable			
Zip	Country		Zip		Country	5	5. Certificate of Status Desired		8.75 Added Require	ditional
	6. Name	and Address of Curre	nt Register	ed Agent -		: <u></u> . 7	. Name and Address of New	Registered Ag	ent	
					Name					
TURANO, ST	TEPHEN						- · · · · · · · · · · · · · · · · · · ·	1.3		
3460 COUN	TRYSIDE	BLVD STE 34			Street A	aaress (P.O	. Box Number is Not Acceptab	le)		ĺ
CLEARWATER FL 33761								**-		
					City			FL	Zip Cod	e
8. The above na	amed entity	submits this statement	t for the purp	oose of changing its re	eaistered office o	registered	agent, or both, in the State of F	lorida. I am fan	niliar with,	and accept
the obligation				J J						
	t_{i} .	:								
SIGNATURE	gnature, typed	or printed name of registered ag	ent and title if app	plicable. (NOTE: I	Registered Agent signal	ure required whe	en reinstating)	DATE		
	= NO14411		<u> </u>	Τ			- 			
After M	lay 1, 200	! FEE IS \$150.00 i3 Fee will be \$550.0 Florida Department					 Election Campaign F Trust Fund Contributi 	-		May Be to Fees
10.		OFFICERS AN			11.		 ADDITIONS/CHANGES TO OF	EICERS AND D	IRECTOR:	SIN 11
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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:

727-789 - 9595