

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000050469

1. Entity Name

NEXT GENERATION HOME PRODUCTS, INC.

Principal Place of Business

Mailing Address

201 N FRANKLIN ST STE 2600  
TAMPA FL 33602

201 N FRANKLIN ST STE 2600  
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3719919

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SCHIFINO, WILLIAM J JR  
201 N FRANKLIN ST STE 2600  
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

☐ Delete President, Director and Shareholder

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Robert Dolatowski  
Same as above

☐ Delete Secretary/Treasurer, Director and Shareholder

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
David M. Schifino  
Same as above

☐ Delete Director and Shareholder

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
William J. Schifino, Jr.  
Same as above

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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

Date

Daytime Phone #

FILED  
May 24, 2002 8:00 am  
Secretary of State

04-16-2002 90115 041 \*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)