FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-05-2003 90111 045 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

70055255

DOCUMENT # P01000050469

1. Entity Name

NEXT GENERATION HOME PRODUCTS, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
201 N. Franklin St.,#2600	201 N. Franklin St.,#2600
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL 33602	City & State: Tampa, FL 33602
Zip: 33602 Country: Hillsborough	Zip: 33602 Country: Hillsborough

4. FEI Number: 56-3719919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Schifino, William J. Jr.

Street Address (P.O. Box Number is Not Acceptable): 201 N. Franklin St., Ste. 2600

City: Tampa FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P/D/S	TITLE	
NAME	Dolatowski, Robert	NAME	
STREET ADDRESS	201 N. Franklin St., Ste. 2600	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33602	CITY-ST-ZIP	
TITLE	S/T/D/S	TITLE	
NAME	Schifino, David M.	NAME	
STREET ADDRESS	201 N. Franklin St., Ste. 2600	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33602	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Schifino, Jr., William J.	NAME	
STREET ADDRESS	201 N. Franklin St., Ste. 2600	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Tampa, FL 33602	CITY-ST-ZIP	
TITLE		TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

5/21

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ (813) 221-2626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #