

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

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90001 036 \*\*\*163.75

**DOCUMENT #** P01000091445  
**1. Entity Name** ITNEXTGEN, INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 851 Barton Brook Suite, Apt. #, etc. # 207 City & State Winter Park FL Zip 32792 Country Orange		<b>3. Mailing Address</b> Suite, Apt. #, etc. P.O. BOX 5802 City & State Winter Park FL Zip 32793-5802 Country Orange	
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 91-2157743		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>7. Name and Address of Current Registered Agent</b>			
Name Linda Camp			
Street Address (P.O. Box Number is Not Acceptable) 851 Barton Brook			
# 207			
City Winter Park		FL	Zip Code 32792

**DO NOT WRITE  
IN THIS SPACE**

**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** Linda Camp - V/S/O Linda Camp **DATE** 4-15-2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	V/S/D Linda Camp 851 Barton Brook # 207 Winter Park FL 32792	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

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

**SIGNATURE:** Linda Camp - Linda Camp **DATE** 4-15-2002 **Daytime Phone #** 407-673-9798  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

**iTNextGen**

IT solutions for tomorrow's market!

ATTACH # PD1000091445/636411

Contact: Linda Camp  
407-673-9798


April 15, 2002  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

To whom it may concern:

I am enclosing a check for \$163.75 for annual UBR report (2002), certificate of status and election trust fund contribution. I would also like to include a note in this cover letter.

Any attempts on the part of Michele Sinclair Martin to have me removed as an Officer/Director by UBR Amending or any other action taken by her should be immediately considered invalid. Please contact my attorney(s) right away: Mr Mark Van Valkenburgh @ 407-423-4246 or Aubry Ducker @ 407-718-5678 for clarification.

Very Sincerely



Linda Camp  
Principal  
ITNextGen  
407-673-9798  
321-277-4732  
[ljc500@aol.com](mailto:ljc500@aol.com)