

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

FILED

03 MAY 21 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000091445

1. Entity Name

ITNextGen, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3825 Henderson Blvd.

3. Mailing Address  
13611 Heritage Way

Suite, Apt. #, etc.  
Suite 207

Suite, Apt. #, etc.

City & State  
Tampa, Florida

City & State  
Sarasota, Florida

Zip  
33629

Country  
USA

Zip  
34240

Country  
USA

4. FEI Number  
91-2157743

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name  
M. Sinclair Martin

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

13611 Heritage Way

City  
Sarasota

FL

Zip Code  
34240

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*M. Sinclair Martin*

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

(NOTE: Registered Agent signature required when reinstating)

May / 2003

DATE

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P/VP/S/T/Director  
M. Sinclair Martin  
13611 Heritage Way, Sarasota, FL 34240

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*M. Sinclair Martin*

Date

Daytime Phone #

May/03 401-808-4479

CR2E034B (12/02)