

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

002999 AV

DOCUMENT # P01000093302

1. Entity Name

NEXGEN CONSULTING, INC.

04-09-2002 90046 034 ***150.00

Principal Place of Business

**3411 CAPITAL MEDICAL DR., STE. 200
TALLAHASSEE FL 32308**

Mailing Address

**3411 CAPITAL MEDICAL DR., STE. 200
TALLAHASSEE FL 32308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3411 Capital Medical Blvd

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number

59-3745436

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SOX, RICHARD N JR

**215 SOUTH MONROE ST., STE. 600
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Nickolette A. Eggert

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

215 Mill Branch Road

Tallahassee,

City

FL

Zip Code

32308

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]

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

(NOTE: Registered Agent signature required when reinstating)

3.21.02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **EGGERT, CHRISTOPHER**
STREET ADDRESS **215 MILL BRANCH RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete
NAME **EGGERT, NICKOLETTE A**
STREET ADDRESS **215 MILL BRANCH RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.21.02

Date

850-205-6394

Daytime Phone #

CR2E034 (9/01)