

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90208 027 ***150.00

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DOCUMENT # P02000040478

1. Entity Name

NEXT LEVEL INDUSTRIES, INC.



Principal Place of Business

5 BLUE TEAL LANE
ST. AUGUSTINE FL 32080

Mailing Address

5 BLUE TEAL LANE
ST. AUGUSTINE FL 32080

205 A Dancy St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 716
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

Hastings, FL

City & State
Hastings, FL

4. FEI Number
03-0427633

Applied For
Not Applicable

32145; ST. JOHN

Zip
32145

Country
ST. JOHN

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
FRED WAINIO
Street Address (P.O. Box Number is Not Acceptable)
Taylor & Wainio, P.A.
120 S.R. 312 West, Ste. 1
City
St. Augustine, FL Zip Code
32086

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

[Signature]
(NOTE: Registered Agent signature required when reinstating)

2-10-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PALMER, RONALD W 5 BLUE TEAL LANE ST. AUGUSTINE FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Ronald W Palmer 4/17/03 (904) 669-8062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PSTD Date Daytime Phone #

CR2E034 (10/02)