

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90134 022 ***150.00

DOCUMENT # P02000101769

1. Entity Name
NEXTCONCEPT, CORP.



Principal Place of Business
557 6TH AVE N
ST PETERSBURG FL 33701

Mailing Address
557 6TH AVE N
ST PETERSBURG FL 33701

2. Principal Place of Business
1 Beach Dr SE

3. Mailing Address
1 Beach Dr SE

Suite, Apt. #, etc.
Suite 303

Suite, Apt. #, etc.
Suite 303

City & State
St. Petersburg

City & State
St. Petersburg

4. FEI Number
52-2379652

Applied For
Not Applicable

Zip
33701

Country
Pinellas

Zip
33701

Country
Pinellas

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENDALL, ANETTE
557 6TH AVE N
ST PETERSBURG FL 33701

Name
Anette Kendall
Street Address (P.O. Box Number is Not Acceptable)
1 Beach Dr SE, Suite 303
City
St. Petersburg **FL** **Zip Code**
33701

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

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

DATE *1/27/03*

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVTS
ARNOLDT, PETER
557 6TH AVE N
ST PETERSBURG FL 33701 X X

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHANGE OF ADDRESS
1 Beach Dr SE, Suite 303
St. Petersburg, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARNOLDT, PETER
557 6TH AVE N
ST PETERSBURG FL 33701 X

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1 Beach Dr SE, Suite 303
St. Petersburg, FL 33701

TITLE
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CITY-ST-ZIP

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]* **SIGNATURE REQUIRED** **Peter Arnoldt, President** **01/27/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)