

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90978 041 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000082596

1. Entity Name
NEXSTORE, INC.



11021859

Principal Place of Business
4770 NW BOCA RATON BLVD
STE C
BOCA RATON, FL 33431 US

Mailing Address
4770 NW BOCA RATON BLVD
STE C
BOCA RATON, FL 33431 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0696717

Applied For
Not Applicable

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

KNIGHT, WILLIAM L
4770 NW BOCA RATON BLVD
STE C
BOCA RATON, FL 33431

Name

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

City

FL

Zip Code

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

William L Knight

(NOTE: Registered Agent's Signature Required when Renewing)

DATE

4/24/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
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 DCP
NAME KNIGHT, WILLIAM L PRES
STREET ADDRESS 4770 BOCA RATON BV C
CITY-ST-ZIP BOCA RATON, FL 33431 ☐ Delete

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

TITLE S,T
NAME GLINIECKI, ERIC A CFO
STREET ADDRESS 4770 NW BOCA RATON BLVD STE C
CITY-ST-ZIP BOCA RATON, FL 33431 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP
NAME meder Johann
STREET ADDRESS 4770 NW Boca Raton Blvd, Ste C
CITY-ST-ZIP Boca Raton, FL 33431 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

William L Knight

4/24/03 561-241-1000

Date

Daytime Phone

CR2E034 (10/02)