

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024152

1. Entity Name  
NEXSTORE 1, INC.

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

4. FEI Number 65-0766004

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KNIGHT, WILLIAM L  
2255 GLADES ROAD  
SUITE 219A  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name Knight, William L  
Street Address (P.O. Box Number is Not Acceptable)  
4770 NW Boca Raton Blvd  
Suite C  
City Boca Raton FL Zip Code 33431

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 DCPC  
NAME KNIGHT, WILLIAM L  
STREET ADDRESS 4770 NW BOCA RATON BV C  
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE S  
NAME ALMES, JANE C  
STREET ADDRESS 4770 NW BOCA RATON BV C  
CITY-ST-ZIP BOCA RATON FL 33431 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE S  
NAME Gliniecki, Eric A.  
STREET ADDRESS 4770 NW Boca Raton Blvd.  
CITY-ST-ZIP Suite C Boca Raton, FL 33431 ☐ Change ☒ Addition

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90031 012 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)