

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90202 045 ***150.00

UBR0305 AV

DOCUMENT # P96000058967

1. Entity Name
NEXTRADE, INC.



Principal Place of Business
**301 S. MISSOURI AVENUE
2ND FL
CLEARWATER FL 33756
US**

Mailing Address
**301 S. MISSOURI AVENUE
2ND FL
CLEARWATER FL 33756
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-3392587**
Applied For
Not Applicable

Zip Country Zip Country

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

**YEGGE, MARK E
301 S. MISSOURI AVENUE
2ND FL
CLEARWATER FL 34616**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Delete
D SCHAIBLE, JOHN M
STREET ADDRESS **2545 NE COACHMAN 63**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE NAME Change Addition
301 S. Missouri Ave
STREET ADDRESS **Clearwater, FL 33756**
CITY-ST-ZIP

TITLE NAME Delete
D YEGGE, MARK E
STREET ADDRESS **1540 GULF BLVD APT 403**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE NAME Change Addition
301 S. Missouri Ave
STREET ADDRESS **Clearwater, FL 33756**
CITY-ST-ZIP

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)