2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P97000029604 NEXTGEN TECHNOLOGIES INC. 01-26-2001 90023 009 ***150.00 Principal Place of Business Mailing Address 120 E PINE ST #1 120 E PINE ST #1 LAKELAND FL 33801 LAKELAND FL 33801 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Ant # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3438373 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATEL, JAYESH (P.O. Box Number is Not Acceptable) 3423 BARLEY COURT Oakbridge_ LAKELAND FL 33803 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition Change PATEL, PIYUSH NAME NAME 1100 OAKBRIDGE PKWY #229 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-ZIP CCEO TITLE Delete TITLE ☐ Addition PATEL, JAYESH B NAME NAME 3423 BARLEY COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition PATEL, CHIRAG NAME NAME 1100 OAKBRIDGE PKWY #129 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-7IP **EVP** Delete TITLE TITLE ☐ Change ☐ Addition PATEL, ANIL NAME NAME 3182 BRENTWOOD LN STREET ADDRESS STREET ADDRESS MELBOURNE FL 32934 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.