

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90118 046 ***150.00

DOCUMENT # P98000010959

1. Entity Name

NXT INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

9240 BONITA BEACH ROAD #3317
BONITA SPRINGS FL 34135

9240 BONITA BEACH ROAD #3317
BONITA SPRINGS FL 34135-4252

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

59-3503763

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

MORRISON, DAVID N ESQ.
MORRISON & COMPANY, P.A.
3838 TAMiami TRAIL NORTH, SUITE 402
NAPLES FL 34103

Name
~~PARKER ASSOCIATES~~
Street Address (P.O. Box Number is Not Acceptable)

3078 N. TAMiami TRAIL STE 200
City NAPLES FL Zip Code 34103

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 LARRY PARKER

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

(NOTE: Registered Agent signature required when reinstating)

4/24/00
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCS
BECKER, KEN B
7319 SMOKE RANCH RD STE B
LAS VEGAS NV 89128 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PERRY, WALTER L
1327 C INDUSTRIAL DR
ITASCA IL 60143 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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: Matthew Perry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 4-18-00 888 266 6266