

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90423 032 \*\*\*150.00

**DOCUMENT # P98000010959**

1. Entity Name

**NXT INTERNATIONAL, INC.**

Principal Place of Business

**9240 BONITA BEACH ROAD #3317  
 BONITA SPRINGS FL 34135**

Mailing Address

**9240 BONITA BEACH ROAD #3317  
 BONITA SPRINGS FL 34135**

2. Principal Place of Business

**12290 Treeline Avenue**

3. Mailing Address

**12290 Treeline Avenue**

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.  
**Suite 200**

City & State  
**Ft Myers, FL**

City & State  
**Ft Myers, FL**

4. FEI Number **59-3503763**

Applied For  
 Not Applicable

Zip  
**33913**

Country  
**USA**

Zip  
**33913**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**PARKER & ASSOCIATES  
 6078 N TAMiami TRAIL SUITE 200  
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name  
**Steven R. Whitley**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2075 West First Street, Suite 300**  
 City  
**Ft Myers** **FL** Zip Code  
**33902**

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 *Steven R. Whitley* **STEVEN R. WHITLEY** **4-11-02**  
 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, 2002 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DCS  
 BECKER, KEN B  
 7340 SMOKE RANCH RD STE D  
 LAS VEGAS NV 89128** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PS  
 PERRY, WALTER L  
 1325 A. INDUSTRIAL DR  
 ITASCA IL 60143** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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 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: *Walter L. Perry* **WALTER L. PERRY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/02** **630.773 0299**

Date Daytime Phone #

CR2E034 (9/01)