2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P98000050455 May 11, 2000 8:00 am 1. Entity Name Secretary of State NEXTECH SOLUTIONS, INC. 05-11-2000 90288 040 ***150.00 Principal Place of Business Mailing Address 10502 SPRING HILL DR 10502 SPRING HILL DR SPRING HILL FL 34608-5046 SPRING HILL FL 34609 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3517913 Not Applicable Country Country Zip \$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 Name BASCIANO, FRANK A Street Address (P.O. Box Number is Not Acceptable) 10502 SPRING HILL DR SPRING HILL FL 34609 Zip Code 8. The above named entity submits this statement for the Jurpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE re, typed or printed name of registered nd title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. BASCIMO, Judith A. 11311 Pickford St Addition TiT) F ☐ Delete TITLE WOODALL, JACK D NAME NAME Spring Hill, FL 34609 35 WILKINSON DR STREET ADDRESS STREET ADDRESS LANDENBURG PA 19850 CITY-ST-ZIP CITY-ST-ZIF (5) HotchKiss, NANCY 15470 Magdle Rd. ###Change **Addition** TITLE **Delete** TITLE BASCIANO, FRANK R NAME NAME 11311 PICKFORD ST STREET ADDRESS Brooksville, FL 34614 STREET ADDRESS SPRINGHILL FL 39609 CITY-ST-ZIP CITY-ST-ZIP V) Hotch Kiss, Collectiv **Addition** ☐ Change Delete TITLE TITLE THORRE, MICHAEL L 1149 TRYON Circle NAME NAME 4125 WESTMINISTER CT STREET ADDRESS STREET ADDRESS Spring Hill. CITY-ST-ZIP **BROOKSVILLE FL 34601** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE **HUTCHKISS. RICHARD W** NAME NAME 6319 CRANBROOK ST STREET ADDRESS STREET ADDRESS SPRING HILL FL 34606 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE **HUTCHKISS, RONALD W** NAME NAME 15470 MAGDLE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34614** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.