

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90200 020 ***150.00

DOCUMENT # P98000050455

1. Entity Name
NEXTECH SOLUTIONS, INC.

Principal Place of Business

10502 SPRING HILL DR
SPRING HILL FL 34608

Mailing Address

10502 SPRING HILL DR
SPRING HILL FL 34609

2. Principal Place of Business

19286 Quiet Oak Lane

Suite, Apt. #, etc.

3. Mailing Address

19286 Quiet Oak Lane

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

34604

Country

USA

City & State

Brooksville, FL

Zip

34604

Country

USA

4. FEI Number

59-3517913

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

BASCIANO, FRANK A
10502 SPRING HILL DR
SPRING HILL FL 34609

Name **Richard W. Hutchkiss, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

19286 Quiet Oak Lane

City

Brooksville

FL

Zip Code

34604

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

[Signature]

Richard W. Hutchkiss, Jr. President

4/23/01

(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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	WOODALL, JACK D	
STREET ADDRESS	35 WILKINSON DR	
CITY-ST-ZIP	LANDENBURG PA 19850	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BASCIANO, FRANK R	
STREET ADDRESS	11311 PICKFORD ST	
CITY-ST-ZIP	SPRINGHILL FL 39609	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	THORRE, MICHAEL L	
STREET ADDRESS	4125 WESTMINSTER CT	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUTCHKISS, RICHARD W	
STREET ADDRESS	6319 CRANBROOK ST	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HUTCHKISS, RONALD W	
STREET ADDRESS	15470 MAGDLE RD	
CITY-ST-ZIP	BROOKSVILLE FL 34614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard W. Hutchkiss, Jr.	
STREET ADDRESS	19286 Quiet Oak Lane	
CITY-ST-ZIP	Brooksville, FL 34604	
TITLE	Vice President (V)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Colleen R. Hutchkiss	
STREET ADDRESS	19286 Quiet Oak Lane	
CITY-ST-ZIP	Brooksville, FL 34604	
TITLE	Vice President (V)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy A. Hutchkiss	
STREET ADDRESS	15470 Magpie Rd.	
CITY-ST-ZIP	Brooksville, FL 34614	

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:

[Signature]

Richard W. Hutchkiss, Jr.

4/23/01

352-754-1923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)