

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90029 038 \*\*\*150.00

**DOCUMENT # P99000009452**



1. Entity Name  
**NEXTEEN MAGAZINE, INC.**

Principal Place of Business  
**5506 HOLMES BLVD  
BRADENTON BEACH FL 34217**

Mailing Address  
**PO BOX 1395  
HOLMES BCH FL 34218**



2. Principal Place of Business

**210 64th ST**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**HOLMES BEACH, FL**

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0903582**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BURNES, DOUG  
5506 HOLMES BLVD.  
HOLMES BEACH FL 34217**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Doug Burnes*  
Signature, typed or printed name of registered agent and title if applicable.

*[Signature]*  
(NOTE: Registered Agent signature required when reinstating)

*1/6/03*  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **BURNES, DOUG**  
STREET ADDRESS **214 W. 64TH ST.**  
CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE **ST** ☐ Delete  
NAME **ROZSA, KATLIN**  
STREET ADDRESS **214 W. 64TH ST.**  
CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☒ Change ☐ Addition  
NAME **BURNES, DOUG**  
STREET ADDRESS **210 64th ST.**  
CITY-ST-ZIP **HOLMES BEACH, FL 34217**

TITLE **ST** ☒ Change ☐ Addition  
NAME **BURNES, KATLIN**  
STREET ADDRESS **210 64th ST.**  
CITY-ST-ZIP **HOLMES BEACH, FL 34217**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Doug Burnes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/6/03* *941-778-8470*  
Date Daytime Phone #

CR2E034 (10/02)