

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009947

1. Entity Name

NEXSYS TECHNOLOGIES CORPORATION

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90016 032 \*\*\*150.00

Principal Place of Business

Mailing Address

2451 MCMULLEN BOOTH RD. SUITE 219  
CLEARWATER FL 33759

2451 MCMULLEN BOOTH RD. SUITE 219  
CLEARWATER FL 33759-1356

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

59-3554765

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

HAWKINSON, CHAD A  
455 ALTERNATE 19 SOUTH #40  
PALM HARBOR FL 34683

Name

Chad A. Hawkinson

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

1324 Gulfview Woods Lane

City

Tarpon Springs

FL

Zip Code

34689

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINSON, CHAD A	
STREET ADDRESS	455 ALTERNATE 19 SOUTH #40	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRELL, JUSTIN L	
STREET ADDRESS	3781 WINNERS CIR., APT. 112	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAWKINSON, SHELLEY H	
STREET ADDRESS	455 ALTERNATE 19 SOUTH #40	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, STACY	
STREET ADDRESS	3781 WINNERS CIR., APT. 112	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hawkinson, Chad A	
STREET ADDRESS	1324 Gulfview Woods Ln.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harrell, Justin L	
STREET ADDRESS	3647 Lake St. George Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34684	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00

Date

727-797-9194

Daytime Phone #

CR2E034 (9/99)