2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 07, 2000 8:00 am **DOCUMENT # M40120** Secretary of State 1. Entity Name NATIONWIDE BUSINESS FORMS, INC. 03-07-2000 90043 008 ***150.00 Principal Place of Business Mailing Address 6280 N.W. 27TH WAY 6280 N.W. 827H WAY AUDERDALE FL 33309-1729 FT. LAUDERDACE FL 33309-1729 3. Mailing Address P.O. Box 453159 2. Principal Place of Business 5271 NW 108 Avenue DO NOT WRITE IN THIS SPACE City & State SUNRISE Applied For 4. FEI Number City & State 59-2733576 SUNRISE. Not Applicable Country SA 3335/ \$8.75 Additional 5. Certificate of Status Desired 33345-315**9** Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEERS, RODO E. Street Address (P.O. Box Number is Not Acceptable) 6961 N.W. 68TH MANOR 1299 NW 127th Drive PARKLAND FL 33067 City SUN RISE 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 Chet E. Beers President FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition LY Delete TITLE TITLE Chet E. Beers 1299 NW/27th Drive BEERS RODD E. NAME NAME 6961 NW 68TH MANOR STREET ADDRESS STREET ADDRESS Sunrise FL 33323 PARKLAND YFL CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Сhange ■ Addition TITLE ---- Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE

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 of the corporation of the corporation of the corporation of the corporation of the receiver of 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 of the corporation of the c

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fut & Sleis PRESIDENT

☐ Delete

3/2/00 (954)578-0650

Daytime Phone #

☐ Change

Addition

CR2E034 (9/99)