

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90048 035 ***150.00

0507094

DOCUMENT # M40120

1. Entity Name

NATIONWIDE BUSINESS FORMS, INC.

Principal Place of Business

Mailing Address

5271 NW 108 AVE
FORT LAUDERDALE FL 33351
US

PO BOX 453159
SUNRISE FL 33345-3159
US

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

59-2733576

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

BEERS, CHET E
1299 NW 127TH DR
SUNRISE FL 33323

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.

SIGNATURE

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 ☐ Delete
NAME **P**
STREET ADDRESS **BEERS, CHET E**
CITY-ST-ZIP **1299 NW 127TH DR**
SUNRISE FL 33323

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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

Chet E. Beers **Chet E. Beers**

Date

Daytime Phone #

1/3/01 (954) 578-0650

CR2E034 (10/00)

901666



DO NOT WRITE IN THIS SPACE

Nationwide Business Forms DBA
I.B.S. Nationwide Products & Services



2001 Florida Annual Resale Certificate for Sales Tax

DR-13

R. 10/00

THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2001

Business Name and Location Address

NATIONWIDE BUSINESS FORMS INC
5271 NW 108TH AVE
SUNRISE FL 33351-8070

Registration Effective Date

NOVEMBER 12, 1986

Certificate Number

16-03-162622-31-6

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased after the above Registration Effective Date by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
- Rental as tangible personal property.
- Resale of services.
- Rental as real property.
- Rental as transient rental property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

This certificate cannot be reassigned or transferred. This certificate can only be used by the active dealer or its authorized employees. Misuse of this Annual Resale Certificate will subject the user to penalties as provided by law.

Presented to:

(insert name of seller on photocopy.)

(date)

Presented by:

Authorized Signature (Purchaser)

(date)

Attachment
901666
M40120