2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2000 8:00 am Secretary of State **DOCUMENT # J07027** 1. Entity Name NATIONWIDE PRODUCTS, INC. 05-17-2000 90847 012 ***150.00 Principal Place of Business Mailing Address 4555 N.W. 103RD AVENUE 4555 N.W. 103RD AVENUE 2ND FLOOR, SUITE 250 2ND FLOOR, SUITE 250 FORT LAUDERDALE FL 33351 FORT LAUDERDALE FL 33351-7991 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 58-1666908 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FISHBACH, HAL Street Address (P.O. Box Number is Not Acceptable) 455 N.W. 103RD AVENUE 2ND FLOOR, SUITE 250 FORT LAUDERDALE FL-33351 Zip Code FL this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity st 9RIC SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PST** ☐ Change ■ Addition ☐ Delete TITLE TITLE SWIFT, ERIC NAME NAME STREET ADDRESS 2 EXECUTIVE DRIVE #3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOORESTOWN NJ ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee en changed, or on an attachment with an address

with all other like empowered

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: