

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000685

1. Entity Name

NATIONWIDE COMMUNICATIONS SERVICES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:09

Principal Place of Business

1991 S. KIRKMAN ROAD #56
ORLANDO FL 32811

Mailing Address

P.O. BOX 618133
ORLANDO FL 32861-8133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6220 S. Orange Blossom Tr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

516

City & State

Orlando, FL

City & State

Zip

32809

Country

US

4. FEI Number

59-3517454

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
MEM
USHER, JAMES R
STREET ADDRESS
7725 MURCOTT CIRCLE
CITY- ST- ZIP
ORLANDO FL 32835

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
MEM
Usher, James R.
STREET ADDRESS
6220 S. Orange Blossom Tr. #516
CITY- ST- ZIP
Orlando, FL 32809

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

James R. Usher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

01/27/00
Date

Daytime Phone #