

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000005397

1. Entity Name  
NATIONWIDE CONSUMER CREDIT SERVICES, INC.



Principal Place of Business  
5460 N STATE ROAD 7  
SUITE 229  
FT LAUDERDALE, FL 33319

Mailing Address  
5460 N STATE ROAD 7  
SUITE 229  
FT LAUDERDALE, FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11072005 Chg-NP CR2E037 (10/03)

4. FEI Number  
31-1789647

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORWICK, KEVIN  
5460 N STATE ROAD 7  
SUITE 229  
FT LAUDERDALE, FL 33319

7. Name and Address of New Registered Agent

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

5460 N. ST. RD 7 SUITE 224  
City FT. LAUDERDALE FL Zip Code 33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

JEREMIAH WHYRE

(NOTE: Registered Agent signature required when reinstating)

11/8/05

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BORWICK, KEVIN  
STREET ADDRESS 5460 N STATE ROAD 7  
CITY-ST-ZIP FT LAUDERDALE, FL 33319 ☒ Delete

TITLE D  
NAME WHYRE, JEREMIAH  
STREET ADDRESS 5460 N STATE ROAD 7  
CITY-ST-ZIP FT LAUDERDALE, FL 33319 ☐ Delete

TITLE D  
NAME TOBIAS, MICHAEL  
STREET ADDRESS 5460 N STATE ROAD 7  
CITY-ST-ZIP FT LAUDERDALE, FL 33319 ☒ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000061482580  
11/16/05--01042--007 \*\*\$61.25

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin Borwick

11/08/05

Date

954-714-8400

Daytime Phone #