

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

03-18-2004 90029 041 *****61.25
P00000019871

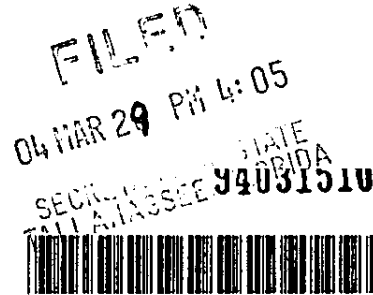
DOCUMENT # P00000019871

1. Entity Name
NATIONWIDE INSPECTIONS, INC.



Principal Place of Business
8027 WEST MCNAB ROAD
TAMARAC, FL 33321

Mailing Address
POST OFFICE BOX 26984
FORT LAUDERDALE, FL 33320-6984



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0986639

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

KREINDEL, HOWARD
8027 WEST MCNAB ROAD
TAMARAC, FL 33321

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
JACKSON, ROSALIND
STREET ADDRESS 8027 WEST MCNAB ROAD
CITY-ST-ZIP TAMARAC, FL 33321 ☐ Delete

TITLE
NAME ASSISTANT SECRETARY, Director ☐ Change ☒ Addition
STREET ADDRESS HOWARD KREINDEL
CITY-ST-ZIP 8027 W. MCNAB ROAD
TAMARAC, FL 33321

TITLE
NAME STD
HICKMAN, SAMMIE
STREET ADDRESS 8027 WEST MCNAB ROAD
CITY-ST-ZIP TAMARAC, FL 33321 ☐ Delete

TITLE
NAME ASSISTANT TREASURER, Director ☐ Change ☒ Addition
STREET ADDRESS ROBERT SAMBERG
CITY-ST-ZIP 8027 W. MCNAB ROAD
TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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 607, 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:

Rosalind V. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

03-10-04 954 224-1888
Daytime Phone #

TE