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

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000019871

1. Entity Name
NATIONWIDE INSPECTIONS, INC.

FILED
04 MAR 29 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

94031510

Principal Place of Business	Mailing Address
8027 WEST MCNAB ROAD TAMARAC, FL 33321	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 $61.25

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	PD	☐ Delete	TITLE	ASSISTANT SECRETARY, DIRECTOR	☐ Change ☒ Addition
NAME	JACKSON, ROSALIND		NAME	HOWARD KREINDEL	
STREET ADDRESS	8027 WEST MCNAB ROAD		STREET ADDRESS	8027 W. MCNAB ROAD	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	STD	☐ Delete	TITLE	ASSISTANT TREASURER, DIRECTOR	☐ Change ☒ Addition
NAME	HICKMAN, SAMMIE		NAME	ROBERT SOMBERG	
STREET ADDRESS	8027 WEST MCNAB ROAD		STREET ADDRESS	8027 W. MC NAB ROAD	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] ROSALIND V. JACKSON 03-10-04 954 214-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TC