

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

5/1/2

05-01-2003 90830 022 ***150.00

DOCUMENT # P02000070710

1. Entity Name
NATIONWIDE AUTOMOTIVE GROUP, INC.



00010701

Principal Place of Business
~~2522 W. KENNEDY BLVD.~~ **OLD**
TAMPA FL 33609

Mailing Address
~~2522 W. KENNEDY BLVD.~~
TAMPA FL 33609



2. Principal Place of Business
5903 E. Pawhatan Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 2717
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa FL
Zip
33610 Country
US

City & State
Riverview FL
Zip
33568 Country
US

4. FEI Number
16-1616432 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
~~**DIAZ, JOSEPH L.**~~
~~**2522 W. KENNEDY BLVD.**~~
~~**TAMPA FL 33609**~~

7. Name and Address of New Registered Agent
Name **Juan C. Santana**
Street Address (P.O. Box Number is Not Acceptable)
8803 Stillwaters Landing Dr.
City **Riverview** FL Zip Code
33569

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]* **Kathy Santana**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
4/28/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DIAZ, JOSEPH L.
STREET ADDRESS	2522 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL 33609
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN C. SANTANA
STREET ADDRESS	8803 Stillwaters Landing Dr.
CITY-ST-ZIP	Riverview FL 33569
TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Santana
STREET ADDRESS	8803 Stillwaters Landing Dr.
CITY-ST-ZIP	Riverview FL 33569
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/28/03** Daytime Phone #: **813-622-7540**

CR2E034 (10/02)