FOR PROFIT CORPORATION

FILED Apr 07, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PD200081140 1. Entity Name NATION Wide Technology Group, Inc				Secretary of State	
				04-07-2003 91047 047 ***150.0	O
	NATIONWide Techn	nology Group, 3	Enc		
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	DO NOT WRITE	IN THIS SP	PACE		
	Place of Business	3. Mailing Address	1		
Suite, Apt	veetbrier br. Lane	Suite, Apt. #, etc.	er br. co.	DO NOT WRITE IN THIS SPACE	
NA	,	NA		BO NOT WITE WE THIS GLASE	
City & Sta	onville, FL 32259	Jacksonville	FL	4. FEI Number Applie Not Ap	
		Zip	Country	¢9.75	plicable
Zip 3225	59 hsa	32259	u 's A	5. Certificate of Status Desired Fee Required	
			Name 01	7. Name and Address of Current Registered Agent	
	DO NOT WI	DITE	Ch	icistopher-George-Benchardus-	=
			Street Address (P.O. Box Number is Not Acceptable) 272 Sweetbrier branch LN.		
	IN THIS SP	ACE		D dividi planti	
â	•		City	Zin Code	
*			<u> </u>	cksmuille FL Zip Code 322	259
8. The above	e named entity submits this statement for	the purpose of changing its i	egistered office or regis	stered agent, or both, in the State of Florida.	}
CICALATURE	Oll	•	,	4-04-03	İ
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE:	Registered Agent signature requi		— ¦
9. This corpo	oration is eligible to satisfy its Intangible		y 1 Fee is \$150.00		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so	After May 1	l, Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing \$5.00 M Trust Fund Contribution. Added to F	
Tax filing r (See crite	requirement and elects to do so.	After May Amended Make Check Payabl	l, Fee is \$550.00	Trust Fund Contribution. Added to F	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR