

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91047 047 ***150.00

DOCUMENT # P02000081140

1. Entity Name

NATIONwide Technology Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

272 Sweetbrier br. Lane

3. Mailing Address

272 Sweetbrier br. Ln.

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

NA

City & State

Jacksonville, FL 32259

City & State

Jacksonville, FL

4. FEI Number

04-3765237

Applied For

Not Applicable

Zip

32259

Country

USA

Zip

32259

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Christopher George Benhardus

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

272 Sweetbrier branch Ln.

City

Jacksonville

FL


Zip Code

32259

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE



(NOTE: Registered Agent signature required when reinstating)

DATE

4-04-03

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE President
NAME CHRISTOPHER G. BENHARDUS
STREET ADDRESS 272 Sweetbrier branch Ln.
CITY-ST-ZIP Jacksonville, FL 32259

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**DO NOT WRITE
IN THIS SPACE**

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

4-4-03

Date

904 509 3600

Daytime Phone #

CR2E034B (12/01)