

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90073 043 ***150.00

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DOCUMENT # P98000061931

1. Entity Name

NATIONWIDE CONSUMER SERVICES INC.

Principal Place of Business

1719 NANTUCKET AVE
PORT ST LUCIE FL 34953
US

Mailing Address

PO BOX 8956
PORT ST LUCIE FL 34959
US

710258



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

489 PSL Blvd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8956

Suite, Apt. #, etc.

City & State

Port Saint Lucie, FL

Zip

34953

Country

City & State

Port St. Lucie FL

Zip

34959

Country

4. FEI Number

65-0854856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITNEY, CRAIG R
1719 NANTUCKET AVE
PORT ST. LUCIE FL 34985

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 PD
NAME WHITNEY, CRAIG R
STREET ADDRESS 1719 NANTUCKET AVE
CITY-ST-ZIP PORT ST. LUCIE FL 34953

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CRAIG WHITNEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01
Date

888-598-6576
Daytime Phone #

CR2E034 (10/00)