2003 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90105 008 ***150.00

DOCUMENT # P98000101684

1. Entity Name
NATIONWIDE ELECTRIC & SECURITY SYSTEMS, INC

DO NOT WRITE IN THIS SPACE

70054993

2. Principal Place of Business	3. Mailing Address
7435 NORTH WEST 57th ST.	7435 NORTH WEST 57th ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC, FLORIDA	City & State: TAMARAC, FLORIDA
Zip: 33319 / Country: BROWARD	Zip: 33319 / Country: BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0885361 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PITTER, CARL S

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

7435 NORTH WEST 57th STREET

City: TAMARAC FL Zip Code: 33319

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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/P/VP/T/S	TITLE	
NAME	CODNER, KEEBLE	NAME	
STREET ADDRESS	7435 NORTH WEST 57th STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33319	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #