

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90005 026 \*\*\*550.00

0120368 AT

**DOCUMENT # P99000081865**

1. Entity Name  
**NATIONWIDE CONTRACTORS, INC.**

Principal Place of Business <b>6544 US HWY 41 N.          SUITE 201B          APOLLO BEACH FL 33572</b>	Mailing Address <b>6544 US HWY 41 N.          SUITE 201B          APOLLO BEACH FL 33572</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6544 US Hwy 41 N.</b>	3. Mailing Address <b>6544 US Hwy 41 N.</b>
Suite, Apt. #, etc. <b>Suite 201B</b>	Suite, Apt. #, etc. <b>Suite 201B</b>
City & State <b>Apollo Beach, FL</b>	City & State <b>Apollo Beach, FL</b>
Zip <b>33572</b>	Country <b>USA</b>

4. FEI Number <b>59-3595953</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**WARNER, JERRY L**  
**5906 MENORCA LN.**  
**APOLLO BEACH FL 33572**

7. Name and Address of New Registered Agent

Name **Jerry L. Warner**

Street Address (P.O. Box Number is Not Acceptable)  
**920 Bunker View Drive**

City **Apollo Beach** FL Zip Code **33572**

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)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WARNER, JERRY L</b> <b>5906 MENORCA LN.</b> <b>APOLLO BEACH FL 33572</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FP</b> <b>CLARK, ANDREW C</b> <b>345 BAY SHORE BLVD #1601</b> <b>TAMPA FL 33606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>WARNER, MARGO C</b> <b>5906 MERNORCA LN</b> <b>APOLLO BEACH FL 33572</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WARNER, JERRY L.</b> <b>920 Bunker View Drive</b> <b>Apollo Beach FL 33572</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FP</b> <b>CLARK, ANDREW C.</b> <b>201 W. Laurel Street #1006</b> <b>TAMPA, FL 33602</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>WARNER, MARGO C.</b> <b>920 Bunker View Drive</b> <b>Apollo Beach, FL 33572</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *[Signature]* **SIGNATURE REQUIRED**

8-22-01 813-641-8636

DATE DAYTIME PHONE #

CR2E034 (5/01)