## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 21, 2000 8:00 am Secretary of State **DOCUMENT # V46283** 1. Entity Name NATIONWIDE MARKETING, INC. 04-21-2000 90181 017 \*\*\*150.00 Principal Place of Business Mailing Address 4910 CALATRAVA AVE 4910 CALATRAVE AVE SEBRING FL 33872 SEBRING FL 48658-9471 HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3128789 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name MCGINN, JOANN Street Address (P.O. Box Number is Not Acceptable) 4910 CALATRAVA AVE. SEBRING FL 33872 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE MCGINN, JOHN D SR. NAME NAME 4910 CALATRAVE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33872 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MCGINN, JOHN D JR NAME NAME 241 TREASURE HARBOR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL 33036 CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. · Payable 4-13-00 217-9

SIGNATURE: