

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

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90356 023 ***150.00

0105202 AV

DOCUMENT # V46283

1. Entity Name
NATIONWIDE MARKETING, INC.



Principal Place of Business
907 SOUTH WEST 51 TERRACE
CAPE CORAL FL 33914
US

Mailing Address
907 SOUTH WEST 51 TERRACE
CAPE CORAL FL 33914
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3128789**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGINN, JOANN
907 SOUTH WEST 51 TERRACE
CAPE CORAL FL 33914

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. 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

FILE NOW!!! FEE-IS-\$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete
NAME **MCGINN, JOHN D SR.**
STREET ADDRESS **907 SOUTH WEST 51 TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PST** ☐ Delete
NAME **MCGINN, JOHN D JR**
STREET ADDRESS **907 SOUTHWEST 51 TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-03 217-465-4483

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

**Nationwide Marketing,
Inc.**

907 South West 51 Terrace
Cape Coral Florida 33914-7035

90145278
V46283

July 11, 2003

Florida Department of State - Div. Of Corporations

Dear Sir or Madam:

We are writing in regards to the late fee that is being applied to our business report. We did not receive the information about the business reports being due. We were unable to turn in the appropriate money and forms because we had not received them in time. We are asking that you waive these fees for Nationwide Marketing, Inc.

We greatly appreciate your help and understanding in this matter and your willingness to waive the \$400.00 late fee.

Sincerely,



John McGinn, Jr.

Nationwide Marketing Inc.