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

Mailing Address

## P01000035194 **DOCUMENT #**

DAVID G. CARDONA, INC.

Principal Place of Business

SIGNATURE:



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

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Secretary
05-05-2003 9186

Date

Daytime Phone #

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City & State TAMARACIFU TAMARACIF					ا		<b>4.</b> FE	Number 6	5-1098317		<b>——</b>	pplied For ot Applicable	
Zip 3332 U.S.A. Zip 33				<u> 3321 </u>	try S./	<u> </u>	Certificate of Status Desired     Name and Address of New			\$8.75 Additional Fee Required			
<del></del>	6. Name	and Address of Curr	ent Register	ed Agent		Name	· .	7. Na	me and Addr	ess of New I	Registered A	gent	
CARDONA	A, DAVID G					Harro							
	21ST STRE	ET.				Street Address (P.O. Box Number is Not Acceptable)							
	_	33071-6125								·			
OUINE O	THINGS FE	G007 1-0120										T =	
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	named entity tions of regist	y submits this statement ered agent.	nt for the purp	oose of changing its	registere	ed office o	r registere	ed ager	it, or both, in t	he State of FI	orida. I am fa	imiliar with,	and accept
SIGNATUR®.													
2	Signature, typed	or printed name of registered a	gent and title if ap	plicable. (NOT	E: Registere	d Agent signa	beriuper erut	when reins	stating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Campaign Fi nd Contribution			00 May Be d to Fees	
10.		OFFICERS A		DBS	11.			ADD	ITIONS/CHAN	IGES TO OFF	ICERS AND	DIRECTOR	S IN 11
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12. I hereby of indicated of the corchanged,	certify that the on this repor poration or th or on an atta	e information supplied t or supplemental repo e receiver or trustee e chment with an addre	with this filing ort is true and mpowered to ss Aith all otl	does not qualify for accurate and that n execute this report ner life empowered.	r the exer ny signat as requir	nption sta ure shall h ed by Cha	ited in Sec nave the s apter 607,	ction 11 ame leg Florida	9.07(3)(i), Flo gal effect as if Statutes; and	rida Statutes. made under I that my nam	I further certi oath; that I an e appears in	fy that the ir n an officer Block 10 or	nformation or director Block 11 if

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR