

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90218 021 ***150.00

DOCUMENT # P95000027673

1. Entity Name

CARDINAL CONCEPTS (USA) INC.

Principal Place of Business

Mailing Address

**3086 NORTH BARTON CREEK CIRCLE
 LECANTO FL 34461**

**C/O R R #2
 THORNTON ON LOL2N
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CANADA

4. FEI Number

59-3306520

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CACO, KAREN A
 493 WILLET AVE
 NAPLES FL 33963**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FRIGAULT, JEANETTE	
STREET ADDRESS	3086 NORTH BARTON CREEK CIRCLE	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	PS	<input type="checkbox"/> Delete
NAME	STILES, JAMES	
STREET ADDRESS	3086 NORTH BARTON CREEK CIRCLE	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	STILES, JAMES	
STREET ADDRESS	3086 NORTH BARTON CREEK CIRCLE	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

James Stiles
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 14/2000
 Date

705-726-3237
 Daytime Phone #

CR2E034 (9/99)