2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:Z

FILED DOCUMENT # J05519 Mar 13, 2000 8:00 am 1. Entity Name **Secretary of State** CARDINAL ENTERPRISES OF COUNTRYSIDE, INC. 03-13-2000 90014 015 ***158.75 Mailing Address Principal Place of Business 24119 U.S. HWY. 19 NORTH 24119 U.S. HWY, 19 NORTH CLEARWATER FL 33763-5000 CLEARWATER FL 33763 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2761625 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEEHAN, E. PATRICK Street Address (P.O. Box Number is Not Acceptable) 24119 U.S. HWY 19 NORTH CLEARWATER FL 33763 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 —Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SHEEHAN, PATRICK E. NAME NAME STREET ADDRESS 24119 U.S. HWY 19 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 🕒 Change ☐ Addition ☐ Delete TITLE TITLE SHEEHAN, BARBARA A. NAME NAME STREET ADDRESS 24119 U.S. HWY 19 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** _ Change __ . Addition. Delete TITLE TITLE SHEEHAN, DENNIS M. NAME NAME STREET ADDRESS STREET ADDRESS 24119 U.S. HWY 19 NORTH CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** ☐ Change Addition ☐ Delete TITLE TITLE NAME SHEEHAN, DANIEL É. NAME STREET ADDRESS 24119 U.S. HWY 19 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Change ☐ Addition Delete TITLE TITLE NAME SHEEHAN, DERRIN J NAME STREET ADDRESS STREET ADDRESS 24119 U.S. 19 NORTH CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Addition Change ☐ 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.

5 PATRICIC SHEEHAN MAR 07, 2000