(C)	EX. 6 10.25	

2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # 296763 1. Entity Name CARDINAL INVESTMENT COMPANY 03-21-2000 90027 011 ***150.00 Principal Place of Business Mailing Address 1909 SALT MYRTLE LANE 1909 SALT MYRTLE LANE ORANGE PARK FLA 32073-7064 ORANGE PARK FL 32073 2. Principal Place of Business 3. Malling Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-6081932 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KEEFE, KENNETH Street Address (P.O. Box Number is Not Acceptable) 1909 SALT MYRTLE LANE **ORANGE PARK FL 32073** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE PACE, AUGUSTA NAME STREET ADDRESS STREET ADDRESS 1909 SALT MYRTLE LANE CITY-ST-ZIE CITY-ST-ZIP ORANGE PARK FL ☐ Change Addition ☐ Delete TITLE TITLE WOOD, SUSAN D. NAME NAME STREET ADDRESS STREET ADDRESS 1909 SALT MYRTLE LANE CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK, FL 00000 32073 ☐ Change Addition ☐ De ete TITLE PACE, T.W. NAME 1909 SALT MYRTLE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL Delete ☐ Change X Addition TITLE TITLE AST HARRISON, M. R. NAME NAME MIXON, B.W. STREET ADDRESS STREET ADDRESS 1909 SALT MYRTLE LN CITY-ST-ZIP 1909 Salt Myrtle Lane ORANGE PARK FL CITY-ST-ZIP Orange Park, FL 32073 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME PACE, W.H. STREET ADDRESS 1909 Salt Myrtle Lane 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.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF EGNING OFFICER OR DIRECTOR

reasurer 3/1/00 gry-264,2142