2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90177 005 ***150.00

DOCUMENT # 296763

C0034126

DO NOT WRITE IN THIS SPACE

1. Entity Name
CARDINAL INVESTMENT COMPANY

Principal Place of Business	Mailing Address
~~1909 SALT MYRTLE LANE~~ ~~ORANGE PARK FL 32073~~	~~1909 SALT MYRTLE LANE~~ ~~ORANGE PARK FL 32073~~

2. Principal Place of Business	3. Mailing Address
1909 Salt Myrtle Ln	1909 Salt Myrtle Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange Park, FL	City & State: Orange Park, .FL
Zip: 32003 Country: USA	Zip: 32003 Country: USA

4. FEI Number ~~59-6081932~~ ☐ 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
~~KEEFE, KENNETH~~ ~~1909 SALT MYRTLE LANE~~ ~~ORANGE PARK FL 32073~~	Name: RAX CO c/o Kenneth M. Keefe, Jr. Street Address (P.O. Box Number is Not Acceptable): 50 North Laura Street, Suite 3300 City: Jacksonville, FL Zip Code: 32202

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] VP RAX CO 3/5/01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PACE, AUGUSTA 1909 SALT MYRTLE LANE ORANGE PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PACE, AUGUSTA 1909 Salt Myrtle Ln Orange Park, FL 32003	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WOOD, SUSAN D. 1909 SALT MYRTLE LANE ORANGE PARK, FL 00000 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WOOD, SUSAN D. 1909 Salt Myrtle Lane Orange Park, Fl 32003	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PACE, T.W. 1909 SALT MYRTLE LANE ORANGE PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PACE, T.W. 1909 Salt Myrtle Ln Orange Park, Fl 32003	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST MIXON, B W 1909 SALT MYRTLE LN ORANGE PARK FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST MIXON, B. W. 1909 Salt Myrtle Ln Orange Park, Fl 32003	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PACE, W H 1909 SALT MYRTLE LANE ORANGE PARK FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PACE, W.H. 1909 Salt Myrtle Ln Orange Park, Fl 32003	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: [signature] 3-1-01 904-264-2142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
B. W. MIXON, AST