FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am & Secretary of State DOCUMENT # F63477 1. Entity Name 4-22-2002 90114 011 \*\*\*150 CARDINAL INDUSTRIES OF FLORIDA SERVICES CORPORAT ION Principal Place of Business Mailing Address 6954 AMERICANA PARKWAY 6954 AMERICANA PARKWAY **REYNOLDSBURG OH 43068** REYNOLDSBURG OH 43068 HS US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2168222 Not Applicable Country Country \$8.75 Additional Zip Zip П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEXIS DOCUMENT SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 3953 WW KELLY RD. TALLAHASSEE FL 32311 Zip Code City 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) 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, 2002 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 12. 11. CR2E034 (9/01) ☐ Change Addition ☐ Delete TITLE TITLE POTTS, TAMRA L NAME NAME STROHM, BRUCE C 6954 AMERICANA PARKWAY STREET ADDRESS 6954 AMERICANA PARKWAY STREET ADDRESS REYNOLDSBURG OH 43068 CITY-ST-ZIP CITY-ST-ZIP **REYNOLDSBURG OH 43068** X Addition ☐ Change ☐ Delete TITLE TITI F E٧ NAME NAME CURRIE, LISA FOX, LESLIE B STREET ADDRESS 6954 AMERICANA PARKWAY STREET ADDRESS 6954 AMERICANA PARKWAY CITY-ST-ZIP REYNOLDSBURG OH 43068 CITY-ST-ZIE **REYNOLDSBURG OH 43068** ☐ Addition ☐ Change ☐ Defete TITLE TITLE SV NAME NAME MCHUGH, MICHAEL J STREET ADDRESS STREET ADDRESS 6954 AMERICANA PARKWAY CITY-ST-ZIP CITY-ST-ZIP **REYNOLDSBURG OH 43068** ☐ Change ☐ Addition TITLE ☐ Delete TITLE VAS NAME NAME MATZ, JANE STREET ADDRESS STREET ADDRESS 6954 AMERICANA PARKWAY CITY-ST-ZIP CITY-ST-ZIP **REYNOLDSBURG OH 43068** ☐ Addition ☐ Change ☐ Delete TITLE TITI F NAME NAME SELID, PAUL R STREET ADDRESS STREET ADDRESS 6954 AMERICANA PARKWAY CITY-ST-ZIP CITY-ST-ZIP **REYNOLDSBURG OH 43068** ☐ Change ☐ Addition ☐ Delete TITLE TITLE VASD NAME NAME RAHAL, YASMINA STREET ADDRESS STREET ADDRESS 6954 AMERICANA PKWY CITY-ST-ZIP CITY-ST-7IP **REYNOLDSBURG OH 43068** 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

SIGNATURE:

changed, or on an attachment with an address, with all other

4/9/02

614-759-1566

Daytime Phone #