FILED

Jan 08, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

F94000000082 **DOCUMENT # Secretary of State** 1. Entity Name ₽ 01-08-2002 90018 039 ***150.00 CADCORP, INC. Principal Place of Business Mailing Address 1301 10TH ST 1301 10TH ST KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-1622869 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOWLEY, DENNIS C DR. Street Address (P.O. Box Number is Not Acceptable) 1301 10TH ST. KEY WEST FL 33040 Zio 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. SIGNATURE (NOTE: Registered Agent signature required when 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HOWLEY, DENNIS C DR. NAME 1301 10TH ST. STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS KEY VIEST FI, 830m CITY-ST-ZIP CITY-ST-ZIP into be algorities of the TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOWER DEMON 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 12 or changed, or on an attachment with an address, with all other like empowered.