

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90011 017 ***150.00

0014885

DOCUMENT # F96000002773

1. Entity Name

CARDINAL APARTMENT SERVICES, INC.

Principal Place of Business

Mailing Address

6954 AMERICANA PKWY
 REYNOLDSBURG OH 43068

6954 AMERICANA PKWY
 REYNOLDSBURG OH 43068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1434618

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLY RD.
TALLAHASSEE FL 32311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROHM, BRUCE C	NAME	
STREET ADDRESS	6954 AMERICANA PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	CITY-ST-ZIP	
TITLE	EV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, LESLIE B	NAME	
STREET ADDRESS	6954 AMERICANA PKWY	STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	CITY-ST-ZIP	
TITLE	BSV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHUGH, MICHAEL J	NAME	
STREET ADDRESS	6954 AMERICANA PKWY	STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN AUKEN, BRADLEY A	NAME	
STREET ADDRESS	6954 AMERICANA PKWY	STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, JAMES	NAME	
STREET ADDRESS	6954 AMERICANA PKWY	STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLION, CHRISTINE L	NAME	
STREET ADDRESS	6954 AMERICANA PKWY	STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	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: _____

Christine L Gallion
 Signature and typed printed name of officer, director

4/9/01

Date

Daytime Phone #

CR2E034 (10/00)