

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005344

1. Entity Name

CARDIO TAP, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1416
WINDERMERE FL 34786-1416
US

P.O. BOX 1416
WINDERMERE FL 32703-7400
US

2. Principal Place of Business

1504 Wheeler Rd

Suite, Apt. #, etc.

APOPKA, FLORIDA

City & State

3. Mailing Address

1504 wheeler Rd

Suite, Apt. #, etc.

APOPKA, FL

City & State

Zip

32703-7400

Country

USA

Zip

32703 7400

Country

USA

4. FEI Number

59-5533365

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

PISANO, JAMIE M
1349 LAMPLIGHTER WAY
ORLANDO FL 32818

Name

PISANO, JAMIE M

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

1504 Wheeler Rd

City

APOPKA,

FL

Zip Code

32703 7400

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

5-22-2000

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, 2000 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 PS ☐ Delete
NAME PISANO, JAMIE M
STREET ADDRESS 1349 LAMPLIGHTER WAY
CITY-ST-ZIP ORLANDO FL 32818

TITLE PS ☒ Change ☐ Addition
NAME PISANO, JAMIE M
STREET ADDRESS 1504 Wheeler Rd
CITY-ST-ZIP APOPKA, FL 32703 7400

TITLE V ☐ Delete
NAME WOESSNER, HENRY J III
STREET ADDRESS 1349 LAMPLIGHTER WAY
CITY-ST-ZIP ORLANDO FL 32818

TITLE V ☒ Change ☐ Addition
NAME WOESSNER, HENRY J III
STREET ADDRESS 1504 Wheeler Rd.
CITY-ST-ZIP APOPKA, FL 32703-7400

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMIE M. PISANO, PRES

Date

5-22-2000

Daytime Phone #

4072464568



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)