2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

F98000005344

1. Entity Name

1504 WHEELER RD

City & State

PISANO, JAMIE M_

1504 WHEELER RD APOPKA FL 32703

Zip

APOPKA FL 32703-7400

CARDIO TAP, INC.

Principal Place of Business



Mailing Address

1504 WHEELER RD APOPKA FL 32703-7400

City & State

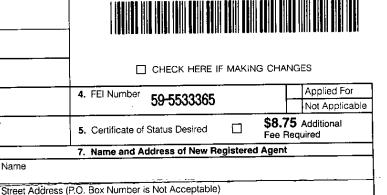
Zip

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90226 034 ***150.00



DATE

	the state of Florida Lam	familiar wi	th, and accept.
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. I am	in i	an and decept
	the obligations of registered agent.		

Country

Name

City

FILE NOW!!! FEE IS \$150.00

Signature, typed or printed name of registered agent and title if applicable.

Country

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be

Zip Code

After	May 1, 2003 Fee will be \$550.00				Trust Fund Contribution.			Added to Fees		
Make Check Payable to Florida Department of State										
10.	OFFICERS AND DIRECTO	RS	11.	ADD	ITIONS/CHANGES TO	OFFICERS AND				
TITLE	PS	☐ Delete	TITLE				Change	Addition \		
NAME	PISANO, JAMIE M		NAME	•						
STREET ADDRESS	1504 WHEELER RD		STREET ADDRESS					i		
CITY-ST-ZIP	APOPKA FL 32703-7400		CITY-ST-ZIP				<u></u>			
TITLE		Delete	TITLE				☐ Change	Addition		
NAME			NAME							
STREET ADDRESS			STREET ADORESS							
CITY-ST-ZIP			CITY-ST-ZIP					_,,		
TITLE		☐ Delete	TITLE				Change	☐ Addition		
NAME			NAME							
STREET ADDRESS	entropy of the control of the contro	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS		•					
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				Change	Addition		
NAME			NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				Change	Addition		
NAME			NAME							
STREET ADDRESS			STREET ADORESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				Change	Addition		
NAME			NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
	of a second of the second of t	- doos not qualify for th	a exemption state	ed in Section 1	19 07(3)(i) Florida Stati	utes. I further ce	ertify that the i	nformation		

12. Thereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida statutes. Florida statutes in the information indicated on this report or supplemental report is flue 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 furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an artachment with all other like empowered.

SIGNATURE

ano, President a/11/03