

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003543

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90075 012 \*\*\*158.75

1. Entity Name  
Cardinal Consulting Enterprises, Inc.

Principal Place of Business

Mailing Address

718389

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
14 Cardinal Drive  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 8386  
Suite, Apt. #, etc.

City & State  
Moorestown NJ

City & State  
Cherry Hill NJ

4. FEI Number  
22-3643355

Applied For  
Not Applicable

Zip  
08057

Country  
Burlington

Zip  
08002

Country  
Camden

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

Jeffrey Smith  
unit 202  
8301 Sands Point Blvd.  
Tamarac, Fl. 33321

## 7. Name and Address of New Registered Agent

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. (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

TITLE	Pres.	<input type="checkbox"/> Delete
NAME	Gerald Brown	
STREET ADDRESS	11261 Jeanes Pl.	
CITY-ST-ZIP	Phila., Pa. 19116	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	Wilma Smith	
STREET ADDRESS	14 Cardinal Dr.	
CITY-ST-ZIP	Moorestown, NJ 08057	
TITLE	Dir.	<input type="checkbox"/> Delete
NAME	Jeffrey Smith	
STREET ADDRESS	8301 Sands Point Blvd. u202	
CITY-ST-ZIP	Tamarac, Fl. 33321	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Gerald Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 12, 2000 856 667 3363  
Date Daytime Phone #

CR2E034 (9/99)