

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90055 032 ***158.75

US77809 AT

DOCUMENT # F99000003543

1. Entity Name

CARDINAL CONSULTING ENTERPRISES, INC.

Principal Place of Business

**14 CARDINAL DR.
 MOORESTOWN NJ 08057**

Mailing Address

**11261 JEANES PLACE
 PHILADELPHIA PA 19116**

2. Principal Place of Business

725 Mullica Hill Road

Suite, Apt. #, etc.

3. Mailing Address

725 Mullica Hill Road

Suite, Apt. #, etc.

City & State

Mullica NJ

City & State

Mullica NJ

Zip

08062

Country

Zip

08062

Country

4. FEI Number

22-3643355

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

\$8.75

Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SMITH, JEFFREY
 8301 SANDS POINT BLVD., UNIT 202
 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, 2002 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	P	<input type="checkbox"/> Delete
NAME	BROWN, GERALD	
STREET ADDRESS	11261 JEANES PLACE	
CITY-ST-ZIP	PHILADELPHIA PA 19116	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, WILMA	
STREET ADDRESS	8301 SANDS POINT BLVD, UNIT 202	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JEFFREY	
STREET ADDRESS	8301 SANDS POINT BLVD, UNIT 202	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

3/7/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)