

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90100 042 \*\*\*550.00

**DOCUMENT # G17202**

1. Entity Name  
**CORDCON CAPITAL CORPORATION**

Principal Place of Business

**3823 OWENS RD  
YULEE FL 32097  
US**

Mailing Address

**1556 3RD AVE.  
SUITE 504  
NEW YORK NY 10128  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**22-2722457**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**HENDERSON, GROVER J.  
3823 OWENS RD  
YULEE FL 32097**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 **P** ☐ Delete  
NAME **DAVIS, WILLIAM**  
STREET ADDRESS **3823 OWENS ROAD**  
CITY-ST-ZIP **YULEE FL 32097**

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

TITLE **V** ☐ Delete  
NAME **HENDERSON, GROVER J.**  
STREET ADDRESS **3823 OWENS ROAD**  
CITY-ST-ZIP **YULEE FL 32097**

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

TITLE **VT** ☐ Delete  
NAME **SIEGEL, JEROME A.**  
STREET ADDRESS **1556 3RD AVE., SUITE 504**  
CITY-ST-ZIP **NEW YORK NY 10128**

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

TITLE **VD** ☐ Delete  
NAME **BERGREEN, BERNARD D.**  
STREET ADDRESS **3823 OWENS ROAD**  
CITY-ST-ZIP **YULEE FL 32097**

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

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  
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

Date

Daytime Phone #

CR2E034 (4/02)

attachment

**Jerome A. Siegel**

Accountant

1556 Third Avenue, Suite 504

New York, N.Y. 10128

Phone: (212) 410-7555

Fax: (212) 369-5651

E-mail: [JASandPH@aol.com](mailto:JASandPH@aol.com)

G17202

9-10-02

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500

Tallahassee, FL 32302-1500

Re: Cadeon Capital Corporation  
FEI 22-2722457

Dear Sir/Madams,

On behalf of the above taxpayer I  
enclose 2002 Uniform Business Report &  
a check for \$550 to cover the balance  
due.

Sincerely  
Jerome A Siegel