

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H21528

1. Entity Name

CARDINAL CONTRACTORS, INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90018 029 ***158.75

Principal Place of Business

Mailing Address

200 S WASHINGTON BLVD
PO BOX 4297
SARASOTA FL 34230

200 S WASHINGTON BLVD
PO BOX 4297
SARASOTA FL 34230-4297

2. Principal Place of Business

3. Mailing Address

943 S. Beneva Road

943 S. Beneva Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

201

City & State

City & State

Sarasota FLORIDA

Sarasota FLORIDA

Zip

Country

Zip

Country

34232

USA

34232

USA

4. FEI Number

59-2446479

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

PICKLE, KEITH
200 S WASHINGTON BLVD
SARASOTA FL 34236

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DT	<input type="checkbox"/> Delete
NAME	PICKLE, KEITH A.	
STREET ADDRESS	1740 ALDERMAN ST #9	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCDEVITT, WILLIAM J.	
STREET ADDRESS	7508 WEEPING WILLOW DR	
CITY-ST-ZIP	SARASOTA FL	
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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/30/00

Date

X 941/951/0451

Daytime Phone #

CR2E034 (9/99)