

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H21528

1. Entity Name
CARDINAL CONTRACTORS, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90009 005 ***158.75

Principal Place of Business

200 S WASHINGTON BLVD
PO BOX 4297
SARASOTA FL 34230

Mailing Address

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

2. Principal Place of Business

943 S. BENEVA RD STE 201

3. Mailing Address

943 S. BENEVA RD. STE 201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 4097

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-2446479

Applied For

Not Applicable

Zip

34230

Country

SARASOTA

Zip

34230

Country

SARASOTA

5. Certificate of Status Desired

X

\$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 34230

KEITH PICKLE

Street Address (P.O. Box Number is Not Acceptable)

943 S. BENEVA RD. STE. 201

City

SARASOTA

FL

34232

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]

(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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DT PICKLE, KEITH A. 1740 ALDERMAN ST #9 SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCDEVITT, WILLIAM J. 7508 WEEPING WILLOW DR SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 (10/00)