

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED 09-30-2002 90179 008 \*\*\*61.25  
SECRETARY OF STATE H92979  
DIVISION OF CORPORATIONS

DOCUMENT # H92979

1. Entity Name

C-A INFORMATION SYSTEMS, INC

*Amen del*

02 OCT -3 PM 12: 01

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

605 N LAKE CIR

3. Mailing Address

605 N LAKE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CRYSTAL RIVER, FL

City & State  
CRYSTAL RIVER, FL

4. FEI Number  
59-2693186

Applied For  
Not Applicable

Zip  
34429

Country  
US

Zip  
34429

Country  
US

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
ARDOLINO, ANTHONY

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

605 N LAKE CIR

City CRYSTAL RIVER

FL

Zip Code  
34429

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

ANTHONY ARDOLINO

09/24/2002

Signature, typed or printed name of registered agent and date 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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PT  
ARDOLINO, ANTHONY  
605 N LAKE CIR CRYSTAL RIVER, FL 34429

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
CANTILLO, ANTONIO M.  
151 EDGEWATER DR CORAL GABLES, FL  
33133

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
ARDOLINO, JENNIFER  
605 N LAKE CIR CRYSTAL RIVER, FL 34429

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY ARDOLINO

9-25-2002 352-563-5800

Date

Daytime Phone #

CR2E034B (12/01)

10/17/02 ad