2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000013843

CARDINAL CONSTRUCTION SERVICES, LLC.

Principal Place of Business

Mailing Address

3200 TAMIAMI TRAIL N., SUITE 200 NAPLES FL 34103

2. Principal Place of Business

3200 TAMIAMI TRAIL N., SUITE 200 NAPLES FL 34103

FILED

May 12, 2002 8:00 am Secretary of State

05-12-2002 90579 037 ****55.00

DO NOT WRITE IN THIS SPACE

3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip

4. FEI Number 59-3698717

5. Certificate of Status Desired

Applied For Not Applicable

Zip 6. Name and Address of Current Registered Agent

\$5.00 Additional Fee Required 7. Name and Address of New Registered Agent

Zip Code

WOODWARD, MARK J 3200 TAMIAMI TRAIL N., SUITE 200 NAPLES FL 34103

Country

Name		- va Agoni
Street Address (P.O. Box N	lumber is Not Acceptable)	

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.

FILE NOW!!! FEE IS \$50.00

(NOTE: Registered Agent signature required when reinstating)

FL

Make Check Payable to Department of State

Country

		Due	9 Dy Way 1, 2002		
9. MANAGING MEMBERS/MANAGERS			10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RESEARCH & DEVELOPMENT CONSU 3200 TAMIAMI TRAIL N., SUITE 200 NAPLES FL 34103	Delete JLTANTS, INC.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE