

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90038 002 ****50.00

DOCUMENT # L02000012022

1. Entity Name

CARDINAL SERVICES CONTRACT RESOURCES, L.L.C.



Principal Place of Business

~~217 E. THIRD AVE.~~
TALLAHASSEE FL 32303

Mailing Address

~~217 E. THIRD AVE.~~
TALLAHASSEE FL 32303

2. Principal Place of Business

930 Thomasville Rd

3. Mailing Address

PO Box 3763 32315

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

010702414

Applied For

Not Applicable

Zip

Country

Zip

Country

32315

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, JAN

~~217 E. THIRD AVE.~~

TALLAHASSEE FL 32303

Name

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

930 Thomasville Rd

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

1-7-03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **President** ☐ Delete
NAME **Jan Brown**
STREET ADDRESS **930 Thomasville Rd**
CITY-ST-ZIP **Tall 32303**

TITLE **Managing Director** ☐ Change ☒ Addition
NAME **Chet Hall**
STREET ADDRESS **930 Thomasville Rd.**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

11. 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:

Janis R Brown

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

Date

Daytime Phone #

850-513-3018

CR2E083 (10/02)