

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

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90086 020 ***158.75

DOCUMENT # **L33629**

1. Entity Name

CARDINAL AND COMPANY INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3755 VIA POINCIANA

Suite, Apt. #, etc.

APT. 608

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE WORTH FLORIDA

City & State

Zip

33467

Country

USA

Zip

Country

4. FEI Number

65-0155975

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JAN SEHNAL

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

3755 VIA POINCIANA APT. 608

City

LAKE WORTH

FL

Zip Code

33467

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 **JAN SEHNAL PRES.**

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

5/24/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
JAN SEHNAL
3755 VIA POINCIANA APT. 608
LAKE WORTH FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
ROBERT SEHNAL
88852 MARKHAM WAY
BOCA RATON FL 33428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN SEHNAL

5/24/03

Date

(561) 968-1096

Daytime Phone #

CR2E034B (12/02)