

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90261 001 ***150.00
 01-31-2002 90261 002 *****8.75

DOCUMENT # L84872

1. Entity Name
CARDINAL INSURANCE SERVICES, INC.

Principal Place of Business

%MICHAEL S. BARRANCO
656 TAM COURT
WINTER SPRINGS, FL 32708

Mailing Address

%MICHAEL S. BARRANCO
656 TAM COURT
WINTER SPRINGS, FL 32708

11097



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1005 SILVER SPURS CIR.

Suite, Apt. #, etc.

NA

City & State
WIMAUMA, FL

Zip
33598

Country
USA

3. Mailing Address

1005 SILVER SPURS CIR.

Suite, Apt. #, etc.

NA

City & State
WIMAUMA, FL

Zip
33598

Country
USA

4. FEI Number

59-3007534

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARRANCO, MICHAEL S.

656 TAM COURT
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

Name **SAME**

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

1005 SILVER SPURS CIRCLE

City **WIMAUMA**

FL

Zip Code **33598**

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.

(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, 2002 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

TITLE	PST	<input type="checkbox"/> Delete
NAME	BARRANCO, MICHAEL S.	
STREET ADDRESS	656 TAM COURT	
CITY-ST-ZIP	WINTER SPRINGS, FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BARRANCO, MICHAEL S.	
STREET ADDRESS	656 TAM COURT	
CITY-ST-ZIP	WINTER SPRINGS, FL	
TITLE		<input type="checkbox"/> Delete
NAME	1005 SILVER SPURS CIR.	
STREET ADDRESS	WIMAUMA, FL	
CITY-ST-ZIP	33598	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1005 Silver Spurs Circle	
STREET ADDRESS	Wimauma, FL	
CITY-ST-ZIP	33598	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1005 Silver Spurs Circle	
STREET ADDRESS	Wimauma, FL	
CITY-ST-ZIP	33598	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 (813) 633-6344

CR2E034 (9/01)