

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90096 007 ****70.25

DOCUMENT # N96000002518

1. Entity Name
LAKELAND CARDINALS CORP

Principal Place of Business 504 N.W. 4TH ST HAINES CITY FL 33844 US	Mailing Address 504 N.W. 4TH ST HAINES CITY FL 33844 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1332 Herschell ST.	3. Mailing Address 1332 Herschell ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lakeland FL.	City & State Lakeland FL.
Zip 33815	Zip 33815
Country US	Country US

4. FEI Number 59-3351755	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**CARDINALS, LAKELAND
 502 N.W. 4TH ST
 HAINES CITY FL 33844**

7. Name and Address of New Registered Agent
 Name **CARDINAL Lakeland**
 Street Address (P.O. Box Number is Not Acceptable)
1332 Herschell St.
 City **Lakeland** FL Zip Code **33815**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MOORE, DONNELL 622 CHANNING DR LAKELAND FL 33805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PERRY, HENDRY 1116 UNITAM DR LAKELAND FL 33801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, ANGELICA 1116 UNITAN AVE LAKELAND FL 33801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC OWEN, JOHNATHAN 2401 CANNON ST LAKELAND FL 33809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENDRIX, JAMES 1332 HERSHELL ST LAKELAND FL 33815 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP DRAKE, SHELIA 1707 BLOSSOM CORE LAKELAND FL 33805 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Shenia BRYANT 1045 N. Roselle ST Lakeland FL 33805 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kevin Hendrix 3512 MINNER DR. LAKELAND FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Demetrius Hendrix 3512 MINNER DR. S. LAKELAND FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Angie Thomas 1125 Neville AV. Lakeland FL 33805 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC Monnie Burch 2109 W. Bassadena CIR W Lakeland FL 33805 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ray Hendrix AC 1332 HERSHELL ST. LK 11 FL 33815 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Hendrix SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 1-21-02 Daytime Phone # (863) 802-4599

CR2E037 (9/01)