

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
May 07, 2003 8:00 am
Secretary of State

04-21-2003 90393 019 ***150.00

DOCUMENT # P01000020010			
1. Entity Name CARDONA & ASSOCIATES, INC.			
Principal Place of Business 557 106 AVE N NAPLES FL 34108		Mailing Address 1000 W MCNAB RD POMPANO BEACH FL 33069	
2. Principal Place of Business 447 NW Spanish River Blvd.		3. Mailing Address 447 NW Spanish River Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33431 Country USA		Zip 33431 Country USA	
4. FEL Number 30-0084383		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARDONA, LEO S 1000 W MCNAB RD SUITE 181 POMPANO BEACH FL 33069		7. Name and Address of New Registered Agent Name: CARDONA, LEO S Street Address (P.O. Box Number is Not Acceptable): 447 NW Spanish River Blvd. Boca Raton, FL 33431	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 5/1/03 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME CARDONA, LEO S STREET ADDRESS 557 106 AVE N CITY-ST-ZIP NAPLES FL 34108	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE V. PRESIDENT <input type="checkbox"/> Delete NAME JUDITH A. SMITH STREET ADDRESS 447 NW Spanish River Blvd. CITY-ST-ZIP BOCA RATON, FL 33431	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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 Block 11 if changed, or on an attachment with an address, with all other information.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 5/1/03 <small>Daytime Phone #</small>	

CR2E034 (10/02)