FILED
Jun 25, 2003 8:00 am
Secretary of State
04-14-2003 90212 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000070281

1. Entity Name
CARDINAL POINTS HOLDING CORPORATION

55049802

[redacted]

Principal Place of Business	Mailing Address
7916 24TH AVE. WEST BRADENTON FL 34209	7916 24TH AVE. WEST BRADENTON FL 34209

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0466348 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STROHL, J. SCOTT
7916 24TH AVE. WEST
BRADENTON FL 34209
Change of Address

7. Name and Address of New Registered Agent
Name: Cardinal Points Holding Corporation
Street Address (P.O. Box Number is Not Acceptable): 4696 Sweet Meadow Circle
City: Sarasota FL Zip Code: 34238

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

FILING 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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST	☐ Delete
NAME	STROHL, J. SCOTT	
STREET ADDRESS	7916 24TH AVE. WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	☐ Delete
NAME	STROHL, J. SCOTT	
STREET ADDRESS	7916 24TH AVE. WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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 like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #