

# 2001 UNIFORM BUSINESS REPORT (UBR)

0084858

DOCUMENT # P39279

1. Entity Name

CARDINAL INVESTMENT GROUP, INC.

Principal Place of Business

1339 20TH STREET  
VERO BEACH FL 32960  
US

Mailing Address

1339 20TH STREET  
VERO BEACH FL 32960  
US

2. Principal Place of Business

2001 9th AVE #106

Suite, Apt. #, etc.

3. Mailing Address

2001 9th AVE #106

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

32960

Country

USA

Zip

32960

Country

USA

4. FEI Number

65-0227439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIS, BILL  
1339 20TH STREET  
VERO BEACH FL 32960

2001 9th AVE STE 106

Name

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

City

FL

Zip Code

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME WILLIS, BILL P  
STREET ADDRESS 1339 20TH ST  
CITY-ST-ZIP VERO BEACH FL 32960

☐ Delete

TITLE  
NAME  
STREET ADDRESS 2001 9th AVE #106  
CITY-ST-ZIP VERO BEACH, FL 32960

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-01

Date

501/299-1022

Daytime Phone #

CR2E034 (10/00)

FILED

01 APR 19 PM 4:33

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE