6/16/2002-90696-0

والتحتيقوم

FILED Sep 18, 2002 8:00 am Secretary of State 06-16-2002 90696 023 ***150.00 09-18-2002 90052 013 ***400.00

2002 UNIFORM BUSINESS REPORT (UBR)

P39279

DOCUMENT #

1. Entity Name

Principal Place of Business Melling Address 201 SH AVE 105 202 SH AVE 105 203 SH AVE 105 204 Share Suits Apt 1, etc. Do NOT WRITE IN THIS SPACE City 6. State City 7. Have and Address of New Registered Appent WILLS, BLL 201 SH AVE #105 City 7. Have and Address of New Registered Appent WILLS, BLL 201 SH AVE #105 City 7. Have and Address of New Registered Appent VERO BEACH R. 23660 City 7. Have and Address of New Registered Appent City 7. Have and Address of New Registered Appent WILLS, BLL 201 SH AVE #105 City 7. Have and Address of New Registered Appent VERO BEACH R. 23660 City 7. Have and Address of New Registered Appent Address (P.D. Box Number is Nex Acceptable) File 1. The above named entity automist the statement for the purpose of changing its required office or registered appent or tooth, in the State of Hourist Since Address (P.D. Box Number is Nex Acceptable) File 2 Too Code 8. The above named entity automist the statement for the purpose of changing its required and code is to do so did by the transporter That State Address is to do so (Gite clines on back) Make Chack Payable to Department of State That File Codes That File Codes City 7. The Make Address (P.D. Box Number is Nex Acceptable) That File Codes City 7. The Make Address (P.D. Box Number is Nex Acceptable) That File Codes is do do so did by the transporter That File Codes is do do so did by the transporter That File Codes is do do so did by the transporter That File Codes is do do so did by the transporter That File Codes is do do so did by the transporter That File Codes is do do so did by the transporter That File Co	CARDIN	VAL INVESTMENT GROUP, IN	C.			8	06-16-2002 09-18-2002	
Suite Apt #, etc. Coty & State	2001 9TH I	AVE #106	2001 9TH AVE #108 VERO BEACH FL 32960		<u>-</u>			
City & State A. FEI Number of Status Depind State Address of New Registered Agent T. Name and Address of New Registered Agent Nation Name Name Name Name Name Name City & State City & State Name Name Name City & State Name	Principal Place of Business 3. Mailing Address							
City & State City & State City & State City & State Country Country S. Cartificate of Satus Depried S. Cartificate of Satus Depried S. Status Depried S. Cartificate of Satus Depried S. Car	Suite. Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS SPACE	
Country Zip Country Zip Country S. Certificate of Satus Desired S. S. Acetional S. F. Acetional S. F. Acetional Fee Propulsed S. F. Acetional Fee Propulsed Fee Prop	City & State		City & State		4. FE	4. FEI Number		
B. Name and Address of Current Registered Agent WILLS, BBL 2001 9TH AVE #106 VERO BEACH FL 32560 City FL 27p 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 Porda. SIGNATURE Speaker, hower a more an entity is intengable rate depotation in eligible to satisfy its Intengable rate flower and flower in eligible to satisfy its Intengable rate flower and flower in eligible to satisfy its Intengable rate flower in eligible to satisfy its Intengable rate flower in the State of Porda. SIGNATURE Speaker, hower a more an entity is intengable rate in eligible to satisfy its Intengable rate flower in eligible to satisfy its Intended rate flower in eligi	Zip	Country	Zip	Country			\$0.75	Not Applicable
WILLS, BILL 2001 STH AVE #106 VERO BEACH R. 32960 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, togeth or primed rate of signatured sport and the depotable in a 400-400 per signature of control in the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, togeth or primed rate of signatured sport and the depotable in a 400-400 per signature and sport or the depotable in a 400-400 per signature and sport or the depotable in a 400-400 per signature and sport or the depotable in a 400-400 per signature and sport or the depotable in a 400-400 per signature and sport or the depotable in a 400-400 per signature and sport or the depotable in a 400-400 per signature and sport or the depotable in a 400-400 per signature and sport or the depotable in a 400-400 per signature and sport or the depotable in a 400-400 per signature and sport or the depotable in a 400-400 per signature and sport or the depotable in a 400-400 per signature and sport or the depotable in a 400-400 per signature and sport or the depotable in a 400-400 per signature and sport or sport or sport or sport in the information sport or sport or sport in the signature and sport and sport or sport or sport or sport in the signature and sport in the sport or sport or sport in the signature or supplies and sport or sport or sport or sport in the signature and sport or sport or sport or sport in the signature and sport or sport		6. Name and Address of Current R	egistered Agent	<u> </u>	<u> </u>		Fee Req	ulred
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 9. This corporation is eligible to satisfy its Intengible Tast liting requirement and effects to do so. After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME WILLIS, BILL P OBER WIND STRET ADDRESS CITY-51-2P TIME OBele ITILE OBELE O	2001 9T	H AVE #106 .		Street Ac	dress (P.O. Bo		9)	Code
Tax filing requirement and elects to do so. See criteria on back Describers and back	SIGNATURE	Signature, typed or printed name of registered agent and	Site if applicable. (NOTE:	Registered Agent signature	taniya nertw beviupes e		rida.	
TITLE Delete MAKE Delete	Tax filing requirement and elects to do so. (See criteria on back) After May 1, 200 Make Check Payab			2 Fee will be \$55	0.00	10. Election Campaign Fina Trust Fund Contribution	uncing \$5	.00 May Be Ned to Fees
STREET ADDRESS CITY-ST-ZIP TITLE Delete ITILE Delete Delete ITILE Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIS, BILL P 2001 9TH AVE #106	□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	ADDIT	IONS/CHANGES TO OFFIC	☐ Change	Addition
NAME STREET ADDRESS GTY-ST-ZP TITLE NAME STREET ADDRESS CTY-ST-ZP TITLE NAME STREET	STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS			☐ Change	Addition
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NAME Delete MAME Change Addition	NAME STREET ADDRESS CITY-ST-ZIP			NAME Street address			☐ Change	☐ Addition
MAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 SIGNATURE: SIGNATURE: Change Addition Addition Addition Ad	NAME "Street address" City+St-Zip			NAME STREET ADDRESS			Change	Addition
SIGNATURE: SIGNATURE: SIGNATURE:	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with this		NAME Street address City-St-Zip			_	
TO THE OR PROTECT NAME OF PROTECT OF PROPERTY OF PROPERTY OF PROTECTION OF THE PROTECTION OF THE PROPERTY OF T	•	JRE: SICONTAR	E/REMURE	:D	n Section 119.0 the same legal 607, Florida Sta			BIOCK 121