

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90079 001 ***150.00

0033142
 AV

DOCUMENT # P93000007034

1. Entity Name
CARDINAL VENTURES, INC.

Principal Place of Business
1914 BEACHWAY ROAD
SUITE 1-R
JACKSONVILLE FL 32207
US

Mailing Address
C/O PHILIP THOMAS LONGACRE
6121 COLLINS RD., #184
JACKSONVILLE FL 32244



2. Principal Place of Business

6001-21 ARGYLE FOREST BL

3. Mailing Address

Suite, Apt. #, etc.

344

City & State

JACKSONVILLE FL

4. FEI Number **NOT APPLICABLE**
59-3159703

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

32244

FL

Zip

Country

5. Certificate of Status Desired ☒ **8.75: Additional Fee Required**

6. Name and Address of Current Registered Agent

LONGACRE, PHILIP T
6121 COLLINS RD., #184
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

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 **PHILIP T. LONGACRE, PRES.** *Philip T Longacre*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **LONGACRE, PHILIP T**
STREET ADDRESS **6121 COLLINS RD., #184**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **VP** ☐ Delete
NAME **LONGACRE, LINDA K.**
STREET ADDRESS **6121 COLLINS ROAD, #184**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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: *Philip T Longacre Pres* **PHILIP T LONGACRE, PRES**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/02
(904) 777-1493

CR2E034 (9/01)