

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90153 050 ***150.00

DOCUMENT # P94000089551

1. Entity Name

R. CARDEN & ASSOCIATES, INC.

Principal Place of Business

**5500 HOLOPAW ROAD
 ST CLOUD FL 34773**

Mailing Address

**5500 HOLOPAW ROAD
 ST CLOUD FL 34773**

2. Principal Place of Business

Mobile

3. Mailing Address

5500 Holopaw Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

all

City & State

ST Cloud FL

4. FEI Number

59-3280616

Applied For

Not Applicable

Zip

all

Country

all

Zip

34773

Country

Osceola

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CARDEN, RODNEY
 5500 HOLOPAW ROAD
 ST CLOUD FL 34773**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-20-02

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
 Trust Fund Contribution.

☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PD
 CARDEN, RODNEY
 5500 HOLOPAW ROAD
 ST CLOUD 34773**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**STD
 CARDEN, DEANNE L
 5500 HOLOPAW ROAD
 ST CLOUD 34773**

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TITLE
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)