

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90095 009 ***150.00

DOCUMENT # P95000027673

1. Entity Name
CARDINAL CONCEPTS (USA) INC.



Principal Place of Business
**3086 NORTH BARTON CREEK CIRCLE
LECANTO FL 34461
CA**

Mailing Address
**C/O R R #2
THORNTON ON LOL2N
CA**

2. Principal Place of Business

3. Mailing Address

C/O RR#2, 8246 11th LINE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
THORNTON ON LOL2N

4. FEI Number
59-3306520

Applied For
Not Applicable

Zip Country

Zip Country
CA

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

**CACO, KAREN A
493 WILLET AVE
NAPLES FL 33963**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	FRIGAULT, JEANETTE	3086 NORTH BARTON CREEK CIRCLE	LECANTO FL 34461	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PS	STILES, JAMES	3086 NORTH BARTON CREEK CIRCLE	LECANTO FL 34461	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPT	STILES, JAMES	3086 NORTH BARTON CREEK CIRCLE	LECANTO FL 34461	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: **Mar 10/03** Daytime Phone #

CR2E034 (10/02)