## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

## Feb 21, 2002 8:00 am Secretary of State DOCUMENT # P96000097900 1. Entity Name CARDOSO & SUTTON COMPANY 02-21-2002 90051 023 \*\*\*150.00 Principal Place of Business Mailing Address 7345 SAND LAKE RD 7345 SAND LAKE RD SUITE 228 **SUITE 228** ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3432932 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SERRANO, SERGIO A Street Address (P.O. Box Number is Not Acceptable) 7345 SAND LAKE RD **SUITE 228** ORLANDO FL 32819 City Zip Code FL 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. SERGIO A. JORRANO SIGNATURE! (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F SD Delete TITLE 4 CR2E034 (9/01) ☐ Addition NAME SUTTON, LUTY NAME STREET ADDRESS 7345 SAND LAKE RD. SUITE 228 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME SERRANO, SERGIO A NAME STREET ADDRESS 7345 SAND LAKE RD, SUITE 228 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP TITLE , 4 ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**