## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000051527 CARDINAL SUPER CHESS & SUPER CHECKERS, INC.

## **FILED** May 30, 2000 8:00 am Secretary of State 05-30-2000 90110 022 \*\*\*150.00

Country   Zip   Country   S. Certificate of Status Desired   S8.75 Additional For Required   S. Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent	Principal Place	e of Business	Mailing Address						
MAPLES FL 34102* BASE FL 34102*6615 BURN APICE	500 5TH AVE S		500 5TH AVE S						
US  2. Principal Places of Business  3. Meding Addiess  Suite, Apt. #, etc.  Suite, Apt. #, e									
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   DO NOT WRITE IN THIS SPACE						(   CO(CO)   NO   DON   CON CON CONTRACTOR	I <b>dhini jindi di</b> llo sir	#H /### 10#1	
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Second	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS SPACE		
S. Certificate of Salah Certific Control   Fee Required   Fee Requ	City & State	;	City & State			FEI Number 59-3451371		oplied For ot Applicable	
Signatures  Signatures  Name  Street Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  City	Zip	Country	Zip	Country	5.	Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, howeful printed report or growered agent and life it applicable.  Signature To the Company of the International Court of the Company of Training Court of Training		6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Registere	d Agent		
SOS 5TH AVE S NAPLES FL 34102  City FL Zip Code  8. The above named antity submits this statement for the purpose of changing its registered object or registered agent, or both, in the State of Florida.  8. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so.  9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so.  9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so.  9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so.  9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so.  9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so.  9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so.  9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so.  9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so.  9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so.  9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so.  9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so.  9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so.  9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so.  10. Electron Campaign Financing This fling Contribution.  10. Electron Campaign Financing This fling Contribution.  11. Electron Campaign Financing This fling Contribution.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III and	•			Name	Name				
NAPLES FL 34102  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    Symmetric from the purpose of changing its registered office or registered agent, or both, in the State of Florida.    SIGNATURE   Symmetric from the purpose of changing its registered office or registered agent, or both, in the State of Florida.    SIGNATURE   SI				Street	Street Address (P.O. Box Number is Not Acceptable)				
City   FL   Zio Code							<del></del>		
### Change   Delete   This area of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  ### SIGNATURE    9. This corporation is eligible to satisfy its Intangible   Tax fing requirement and elects to do so. (See criteria on back)   Children   Change   Action   Tax fing requirement and elects to do so. (See criteria on back)   Tax fing requirement and elects to do so. (See criteria on back)   Tax fing requirement and elects to do so. (See criteria on back)   Tax fing requirement and elects to do so. (See criteria on back)   Tax fing requirement and elects to do so. (See criteria on back)   Tax fing requirement and elects to do so. (See criteria on back)   Tax fing requirement and elects to do so. (See criteria on back)   Tax fing requirement and elects to do so. (See criteria on back)   Tax fing requirement and elects to do so. (See criteria on back)   Tax fing requirement and elects to do so. (See criteria on back)   Tax fing requirement and elects to do so. (See criteria on back)   Tax fing requirement and elects to do so. (See criteria on back)   Tax fing requirement and elects to do so. (See criteria on back)   Tax find requirement and elects to do so. (See criteria on back)   Tax find requirement and elects to do so. (See criteria on back)   Tax find requirement and elects to do so. (See criteria on back)   Tax find requirement and elects to do so. (See criteria on back)   Tax find requirement and elects to do so. (Tax find requirement and elects to do	NAPI	LES FL 34102					<del></del>		
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SIGNATURE    Symmetry, byted or pheed wome of regressed epent and title if adjoinable.   (NOTE Registered Agent agretises recurred when ministating)	8. The above	named entity submits this statement for	the purpose of changing its	s registered office	or registered a	gent, or both, in the State of Florida.			
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SIGNATURE: Mauricia C. Haristell 5/14/00	of the cor	poration or the receiver or trustee empor	wered to execute this repor	rt as required by C	napter 607, Flo	orida Statutes; and that my name appea	rs in Block 11 or	r Block 12 if	
SIGNATURE: MAURICIA SAMONE SAM		*		೨ <b>೯</b> ಗ		-1l.a	<b></b>		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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