

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048150

1. Entity Name
CADET, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90164 044 ***150.00

Principal Place of Business

4806 PEBBLEBROOK DR.
OLDSMAR FL 34677

Mailing Address

4806 PEBBLEBROOK DR.
OLDSMAR FL 34677-4819

801257



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

741 Broadway ST.

3. Mailing Address

4806 Pebblebrook Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Dunedin FL

City & State
Oldsmar FL

4. FEI Number 59-3516899

Applied For
Not Applicable

Zip 34698

Country
Pinellas

Zip 34677

Country
Pinellas

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

THOMPSON, JAMES A

~~235 TURTLE CREEK CIRCLE~~ 4806 Pebblebrook Dr.
OLDSMAR FL 34677

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

James A. Thompson

1/7/2000

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMPSON, BARBARA L	
STREET ADDRESS	235 TURTLE CREEK CIRCLE 4806 Pebblebrook Drive	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, JAMES A	
STREET ADDRESS	235 TURTLE CREEK CIRCLE 4806 Pebblebrook Drive	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VT	<input type="checkbox"/> Delete
NAME	THOMPSON, JAMES A	
STREET ADDRESS	235 TURTLE CREEK CIRCLE 4806 Pebblebrook Drive	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara L. Thompson	
STREET ADDRESS	4806 Pebblebrook Dr.	
CITY-ST-ZIP	Oldsmar, FL. 34677	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James A. Thompson	
STREET ADDRESS	4806 Pebblebrook Dr.	
CITY-ST-ZIP	Oldsmar FL 34677	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James A. Thompson	
STREET ADDRESS	4806 Pebblebrook Drive	
CITY-ST-ZIP	Oldsmar, FL. 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

James A. Thompson JAMES A. THOMPSON 1/7/2000 727560
2198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)