

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082443

1. Entity Name

CARDINAL AQUA PROOF COMPANY

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90128 042 \*\*\*150.00

Principal Place of Business

Mailing Address

5030 DENVER ST  
TAMPA FL

333 N. FAULKINBURG ROAD  
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

3112 BARKLEY LANE  
Suite, Apt. #, etc.

3112 BARKLEY LANE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

VALRIL FL

VALRIL FL

4. FEI Number

59-3536801

Applied For

Not Applicable

Zip

Country

33594 USA

Zip

Country

3-3594 USA

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

RUEL, BRADLEY S  
333 N FAULKINBURG ROAD  
TAMPA FL 33619

Name

RUEL, BRADLEY S

Street Address (P.O. Box Number is Not Acceptable)

3112 BARKLEY LANE

City

VALRIL

FL

Zip Code

33594

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD RUEL, BRADLEY S 333 N FAULKINBURG RD B217 TAMPA FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley Ruel

3-30-00

Date

813 247-4224

Daytime Phone #

CR2E034 (9/99)