

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082937

1. Entity Name

CARDINAL CASKET SALES, INC.

Principal Place of Business

310 N.E. 1ST AVENUE
HALLANDALE FL 33009

Mailing Address

POST OFFICE BOX 568798
ORLANDO FL 32856-8798

2. Principal Place of Business

208 NW 6 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale Beach, FL.

City & State

Zip

33009

Country

USA

Zip

Country

4. FEI Number

65-0865229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOWER, BRUCE W
511 NORTH MAITLAND AVENUE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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

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

TITLE D ☐ Delete
NAME CARDINAL, JAMES R
STREET ADDRESS 1201 WATERWATCH COVE CIRCLE
CITY-ST-ZIP ORLANDO FL 32806

TITLE DCEO ☐ Delete
NAME ADAMS, WILLIAMS E
STREET ADDRESS 1201 WATERWATCH COVE CIRCLE
CITY-ST-ZIP ORLANDO FL 32-0806

TITLE DVP ☐ Delete
NAME GREENWOOD, KELLY
STREET ADDRESS 1923 OSMAN AVE
CITY-ST-ZIP ORLANDO FL 32806

TITLE DS ☐ Delete
NAME CARDIN, THOMAS
STREET ADDRESS 19655 OCEAN DR. #6-M
CITY-ST-ZIP HALLANDALE FL 3309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D - President ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(f), 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

Date

Daytime Phone #

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90061 033 ***150.00



DO NOT WRITE IN THIS SPACE

00000000

James R Cardinal
James R Cardinal - President 1/11/00 407-425-0583