

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000082937**

1. Entity Name

CARDINAL CASKET SALES, INC.**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90314 046 ***150.00

Principal Place of Business

**208 NW 6TH AVE
HALLANDALE FL 33009**

Mailing Address

**POST OFFICE BOX 568798
ORLANDO FL 32856-8798****972005**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0865229**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FLOWER, BRUCE W
511 NORTH MAITLAND AVENUE
MAITLAND FL 32751**

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, 2001 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 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|-------------------|-----------------------------|--|-------|------|-------------------|--|
| | DP | | <input type="checkbox"/> Delete | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | CARDINAL, JAMES R | 1201 WATERWITCH COVE CIRCLE | ORLANDO FL 32806 | | | 3639 Pershing Ave | Orlando, FL 32812 |
| | DCEO | | <input type="checkbox"/> Delete | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | ADAMS, WILLIAMS E | 1201 WATERWITCH COVE CIRCLE | ORLANDO FL 32-0806 | | | 3639 Pershing Ave | Orlando, FL 32812 |
| | DVP | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | GREENWOOD, KELLY | 1923 OSMAN AVE | ORLANDO FL 32806 | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | DS | | <input checked="" type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | CARDIN, THOMAS | 19655 OCEAN DR. #6-M | HALLANDALE FL 3309 | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Delete | | | | <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

James R Cardinal, James R Cardinal, President 3/1/01 407-425-0583

Date

Daytime Phone #

CR2E034 (10/00)