

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0098028 AV

DOCUMENT # P98000082937

1. Entity Name
CARDINAL CASKET SALES, INC.

03-06-2002 90028 003 ***150.00

Principal Place of Business
208 NW 6TH AVE
HALLANDALE FL 33009

Mailing Address
POST OFFICE BOX 568798
ORLANDO FL 32856-8798



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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **CARDINAL, JAMES R**
STREET ADDRESS **2639 PERSHING AVE.**
CITY-ST-ZIP **ORLANDO FL 32812**

☒ Change ☐ Addition
TITLE
NAME **2845 NE 185 STREET #907**
STREET ADDRESS **AVENTURA FL 33180**
CITY-ST-ZIP

TITLE **DCEO** ☐ Delete
NAME **ADAMS, WILLIAMS E**
STREET ADDRESS **3639 PERSHING AVE.**
CITY-ST-ZIP **ORLANDO FL 32812**

☒ Change ☐ Addition
TITLE
NAME **2115 W. CHURCH STREET**
STREET ADDRESS **ORLANDO FL 32805**
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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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:

KELLY GREENWOOD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02
 Date

407-425-0583
 Daytime Phone #

CR2E034 (9/01)