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Secretary of State

06-06-2000 90480 036 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000 20324

1. Entity Name
CARDOCS, INC.

004000

Principal Place of Business | Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1635 DALE MABRY HWY.	1635 DALE MABRY HWY.
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 2
City & State LUTZ, FL.	City & State LUTZ, FL.
Zip 33549 Country	Zip 33549 Country

4. FEI Number 59-3584069 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFREY W. KETCHUM
10624 E. GOBBLER RD
P.O. BOX 469
FLORAL CITY, FL. 33549

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 & 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

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	~~PD~~ ~~KETCHUM, JEFFREY W.~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KETCHUM JEFFREY W. 10624 E. GOBBLER RD FLORAL CITY FL 34436 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPST~~ ~~KETCHUM SHELLEY N.~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. S.T. KETCHUM SHELLEY N. 10624 E. GOBBLER RD FLORAL CITY, FL 34436 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Jeffrey W. Ketchum JEFFREY W. KETCHUM PRES. 5-1-2000 (813) 948-0440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #