

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022792

1. Entity Name

CARDINAL, CARLSON & PARKS ARCHITECTS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90084 050 ***158.75

Principal Place of Business 330 S PINEAPPLE BLVD 204 SARASOTA FL 34236-3423 US	Mailing Address 330 S PINEAPPLE BLVD 204 SARASOTA FL 34236-7032 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0740200	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CARLSON, MICHAEL 330 S PINEAPPLE AVE 204 SARASOTA FL 34236				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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARDINAL, THOMAS			NAME			
STREET ADDRESS	2205 ARLINGTON ST			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34239			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARKS, DALE			NAME			
STREET ADDRESS	512 MADISON COURT			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34236			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARLSON, MICHAEL			NAME			
STREET ADDRESS	2355 MILFORD CIR			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34239			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Michael R. Carlson Date: 4/20/00 Daytime Phone #: 941-362-4312

CR2E034 (9/99)