## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 278780** 1. Entity Name CAMWIL CORPORATION BOX 1645 Mailing Address Principal Place of Business 8409 ALMERIA BOCA GRANDO, FL TAMPA FLA 33029-5219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Country Zip Country 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent --- --Name WILSON (ALBERT A.) Street Address (P.O. Box Number is Not Acceptable) 3400-ALMERIA OBA GRANDE FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

WILSON, JAMES B.

3409-ALMERIA

WILSON, ALBERT

WILSON, CAMYLLE D.

3409 ALMERIA

TAMPA-FL

(See criteria on back)

11.

TITLE

NAME

TITLE

NAME

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NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

OFFICERS AND DIRECTORS

Bax 1645

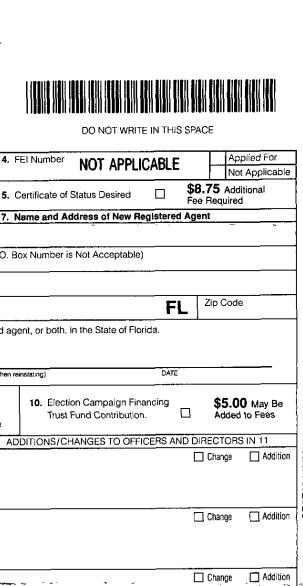
BOCA GRANDA H. 339)

Box 1645 Delete

BOCA GRANDO, TO

## FILED Jan 27, 2000 8:00 am Secretary of State

01-27-2000 90013 043 \*\*\*150.00



Daytime Phone #

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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.				
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After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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