2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000001343

1. Entity Name

CAMPBELLSVILLE INDUSTRIES, INC.

07-01-02 90311 037
DO NOT WRITE IN THIS SPACE
$150.00

Principal Place of Business	Mailing Address
PO BOX 278	PO BOX 278
CAMPBELLSVILLE KY 42719	CAMPBELLSVILLE KY 42719

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 61-0654617
Zip / Country	Zip / Country	Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FITZGERALD, JERRY

2152 CONIFER AVE.

WINTER PARK FL 32792-2036

7. Name and Address of New Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City: Tallahassee   FL   Zip Code 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Anne M. Martin, Assistant Vice President 8/14/2002

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 $550.00
After September 13, 2002 Fee will be $750.00
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 PCD NAME BENNETT, JERRY STREET ADDRESS 500 BENNETT LANE CITY-ST-ZIP CAMPBELLSVILLE KY 42718	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000007427830--0 -08/29/02--01050--006 ****400.00 ****400.00
TITLE VCVD NAME COX, WILBUR STREET ADDRESS 1317 BAMBRIDGE LANE CITY-ST-ZIP CAMPBELLSVILLE KY 42718	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME GRANT, ROGER STREET ADDRESS 100 PRIMROSE LANE CITY-ST-ZIP CAMPBELLSVILLE KY 42718	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD NAME BENNETT, KENNETH L STREET ADDRESS 43 CAMELOT CITY-ST-ZIP CAMPBELLSVILLE KY 42718	☐ 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

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

7-29-02   270/465-8135

Date   Daytime Phone #

0139166 AB

CR2E034 (4/02)