

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000070826

1. Entity Name

CAMELOT MEDICAL SERVICES, INC.

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90013 017 ***155.00

Principal Place of Business
710 WEST COLONIAL DRIVE
SUITE 106
ORLANDO FL 32804

Mailing Address
710 WEST COLONIAL DRIVE
SUITE 106
ORLANDO FL 32804



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

59-3735938

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LATTY, VERONICA
13416 TEXAS WOODS CIR
ORLANDO FL 32824

Name

Blossom Latty

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

944 Cherry Valley Way

City Orlando

FL

Zip Code

32828

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

Blossom Latty

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
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	DP LATTY, BLOSSOM 944 CHERRY VALLY WAY ORLANDO FL 32828	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOMEZ, KONA 944 CHERRY VALLY WAY ORLANDO FL 32828	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LATTY, VERONICA 13416 TEXAS WOODS CIR ORLANDO FL 32824	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Blossom Latty 944 Cherry Valley Way Orlando, FL 32828	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

Blossom Latty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-02 (407) 843-0500

Date

Daytime Phone #

CR2034 (9/01)