2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S76979

1. Entity Name

THE CAMERON COMPANY, PA, CPAS AND ADVISORS

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90114 040 ***150.00

Principal Place of Business	Mailing Address
3333 HENDERSON BOULEVARD SUITE 140 TAMPA FL 33609 US	P O BOX 320494 TAMPA FL 33679-2494 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4805 W. LAUREL STREET	
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc.
City & State TAMPA	City & State
Zip FL / Country 33607	Zip / Country

4. FEI Number 59-3081198 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMERON, KEVIN A.
3333 HENDERSON BLVD., #140
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 4805 W. LAUREL STREET
SUITE 200
City TAMPA FL Zip Code 33607

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 Kevin A. Cameron 3/2/00

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, 2000 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 CAMERON, KEVIN A 2301 BENDELOW TRAIL TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Kevin A. Cameron 3/2/00 813 286 7373

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

CR2E034 (9/99)