## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 24, 2003 8:00 am Secretary of State

DOCU							
DOCUMENT # \$76979  1. Entity Name THE CAMERON COMPANY, PA, CPAS AND ADVISORS  Principal Place of Business  Mailing Address					04-24-200	3 90278 041 ***	150.00
		Mailing Address			*		
4805 W LAUREL ST P 0 80X 320494 STE 100 TAMPA, FL 33679 US				110139	905		
TAMPA, FL 3	3607 US				110100	001	
2. Principal P	face of Business	3. Mailing Address	Laure	15+			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & Stat	9	TOMOA	FL		4. FEI Number 59-3081198		plied For ( at Applicable
Zip	Country	33607	Coun		5. Certificate of Status Desired	See Require	fitional d
	5. Name and Address of Current F	Registered Agent		Name	7. Name and Address of New Re	gistered Agent	
CAMERON,				1431116			
4905 W LAUREL ST STE 5100				Street Address (P.O. Box Number Is Not Acceptable)			
TAMPA, FL	33607			Sisite	100		
,	\$			City	100	FL Zip Code	9
A. The above	named entity submits this statement for	the purpose of chang	ging Its register	ed office or register	red agent, or both, in the State of Flori		and accept
the obligat	ions of registered agent.	Λ.		_	11/2	10	
	Bly G.	Camer	52		ナルシ	11/52	
SIGNATURE	Simula amount of our contract of the contract			ad Austral Pirenstrum streminde	(when edintrating)	DATE	
hadanan ki da ki sana a ki da ka	Signaryife, typed or primod name of registered agent a			id Agentsignature required	when stinstains)	DATE	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 8132867373

Daytime Phone #