

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 627078

1. Entity Name  
CAM-JO INC.



Principal Place of Business  
SUITE 500, ONE RIVERWAY  
HOUSTON TX 77056

Mailing Address  
SUITE 500, ONE RIVERWAY  
HOUSTON TX 77056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

04 JAN -7 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1922074

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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 *Deborah D. Skipper*

Deborah D. Skipper  
Asst. V. Pres.

1/7/2004

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V  
NAME CMBAS, CHRISTOPHER J  
STREET ADDRESS 2045 LAWSON ROAD  
CITY-ST-ZIP CLEARWATER FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P  
NAME CMBAS, NICOLAS A JR.  
STREET ADDRESS 2045 LAWSON RD.  
CITY-ST-ZIP CLEARWATER FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSD  
NAME LONGO, ROBERT S  
STREET ADDRESS ONE RIVERWAY, SUITE 500  
CITY-ST-ZIP HOUSTON TX 77056-1921 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100026367841

TITLE D  
NAME BELL, LUNDA  
STREET ADDRESS ONE RIVERWAY, SUITE 500  
CITY-ST-ZIP HOUSTON TX 77056-1921 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT  
NAME YOUNG, DAVID  
STREET ADDRESS ONE RIVERWAY, SUITE 500  
CITY-ST-ZIP HOUSTON TX 77056 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
TS

TITLE AS  
NAME ROSECRANS, SHAYNE A  
STREET ADDRESS ONE RIVERWAY, SUITE 500  
CITY-ST-ZIP HOUSTON TX 77056 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lunda Bell* SIGNATURE REQUIRED 1-304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8015-23* 713-860-1764

Date

Daytime Phone #

CR2E034 (4/03)

0144481 AT



CORPORATION SERVICE COMPANY™

*Patricia Piguit*

ACCOUNT NO. : 072100000032  
REFERENCE : 384031 7111512  
AUTHORIZATION : *Patricia Piguit*  
COST LIMIT : \$ 150.00

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ORDER DATE : January 6, 2004

ORDER TIME : 5:08 PM

ORDER NO. : 384031-035

CUSTOMER NO: 7111512

CUSTOMER: Ms. Shayne A. Rosecrans  
Coach Usa  
Suite 2700, C/o Jenkins &  
Gilchrist 1401 McKinney Street  
Houston, TX 77010

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ANNUAL REPORT FILING

NAME: CAM-JO INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: KIMBERLY MORET EXT#2949

EXAMINER'S INITIALS: \_\_\_\_\_