

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91439 035 ***150.00

DOCUMENT # F32453

1. Entity Name
CAMELOT, INC.



Principal Place of Business
% BENNY VALLETTA
4541 N.E. 5TH AVENUE
POMPANO BCH. FL 33064

Mailing Address
% BENNY VALLETTA
4541 N.E. 5TH AVENUE
POMPANO BCH. FL 33064

2. Principal Place of Business

3. Mailing Address

5150 N.W. 17th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MARGATE, FL

Zip

Country

Zip
33063

Country
USA

4. FEI Number
59-2096894

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALLETTA, BENNY
4541 N.E. 5TH AVENUE
POMPANO BCH. FL 33064

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

BENNY VALLETTA
(NOTE: Registered Agent signature required when reinstating)

4/28/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
VALLETTA, JOHN
3007 LAKESHORE DR.
DEERFIELD BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VALLETTA, JOHN
3007 LAKESHORE DR.
DEERFIELD FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VALLETTA, MICHELE
110 ELBOW CITY ROAD
ROGERSVILLE TN ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
VALLETTA, DAVID
2876 SW 14th CT
DEERFIELD BCH FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
VALLETTA, BENNY
4541 N.25TH AVE.
POMPANO BCH. FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VALLETTA, BENNY
4541 N.E. 5TH AVE
POMPANO BCH FL ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: *Benny Valletta* **REQUIRED BENNY VALLETTA** **4/28/03** **954969-7744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)