

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F39670

1. Entity Name
CAMPBELL & CAMPBELL, INC.

Principal Place of Business
**7840 LEO KIDD AVENUE #2
PORT RICHEY FL 34668**

Mailing Address
**7840 LEO KIDD AVENUE #2
PORT RICHEY FL 34668**

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 **59-2094135**

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

**CAMPBELL, DIXIE L
9009 GOLDEN POND
NEW PORT RICHEY FL 34654**

Name

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

1533 ORCHARDGROVE Ave

City **New Port Richey**

FL

Zip Code **34655**

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

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, 2001 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
**DST
CAMPBELL, DIXIE L.
9009 GOLDEN POND CT.
NEW PORT RICHEY FL 34654** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1533 ORCHARDGROVE Ave
New Port Richey FL 34655** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CAMPBELL, DIXIE L.
9009 GOLDEN POND CT.
NEW PT. RICHEY FL 34654** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1533 ORCHARDGROVE Ave
New Port Richey FL 34655** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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: **Dixie L Campbell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01
Date

727-842-2600
Daytime Phone #

DIXIE L CAMPBELL

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE