

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90404 021 \*\*\*150.00

**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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7912 Rutillio Ct.**

3. Mailing Address  
**7912 Rutillio Ct.**

Suite, Apt. #, etc.  
**-B**

Suite, Apt. #, etc.  
**-B**

City & State  
**New Port Richey, FL**

City & State  
**New Port Richey, FL**

4. FEI Number  
**59-2094135**

Applied For  
 Not Applicable

Zip  
**34653**

Country  
**PASCO**

Zip  
**34653**

Country  
**PASCO**

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

## 6. Name and Address of Current Registered Agent

**CAMPBELL, DIXIE L.**  
**1533 ORCHARDGROVE AVE**  
**NEW PORT RICHEY FL 34655**

## 7. Name and Address of New Registered Agent

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.

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, 2002 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

TITLE  
**DST** ☐ Delete  
 NAME  
**CAMPBELL, DIXIE L.**  
 STREET ADDRESS  
**1533 ORCHARDGROVE AVE**  
 CITY-ST-ZIP  
**NEW PORT RICHEY FL 34655**

TITLE  
**P** ☐ Delete  
 NAME  
**CAMPBELL, DIXIE L.**  
 STREET ADDRESS  
**1533 ORCHARD GROVE AVE**  
 CITY-ST-ZIP  
**NEW PORT RICHEY FL 34655**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

**CAMPBELL**

**4-10-02 727-842-2600**

Date

Daytime Phone #

CR2E034 (9/01)