

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H09303

1. Entity Name

CAMPO ENTERPRISES, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90060 026 ***150.00

Principal Place of Business

Mailing Address

% RAMON F. CAMPO
710 OAKFIELD DR #131/PO BOX 2410
BRANDON FL 33509
US

% RAMON F. CAMPO
710 OAKFIELD DR #131/PO BOX 2410
BRANDON FL 33509-2410
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2418994

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAMPO, RAMON F.
710 OAKFIELD DRIVE
SUITE 117
BRANDON FL 33511

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, 2000 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 DP
NAME CAMPO, RAMON F.
STREET ADDRESS 1605 COTTAGEWOOD DR.
CITY-ST-ZIP BRANDON FL ☐ Delete

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

TITLE DV
NAME CAMPO, JOSEPHINE V.
STREET ADDRESS 1605 COTTAGEWOOD DR.
CITY-ST-ZIP BRANDON FL ☐ Delete

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

TITLE DS
NAME EKONOMOU, DIANA C.
STREET ADDRESS 907 OAK HOLLOW CT
CITY-ST-ZIP BRANDON FL ☐ Delete

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

TITLE D
NAME CAMPO, DANIEL E.
STREET ADDRESS 110 DAM IF I NO
CITY-ST-ZIP BOCA GRANDE FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Josephine Campo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPHINE CAMPO

Date

4/20/00

Daytime Phone #

813-689-5025

CR2E034 (9/99)