

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90379 001 ***450.00

0439367 AV

DOCUMENT # H09303

1. Entity Name

CAMPO ENTERPRISES, INC.



Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

No New of
907 Oak Hollow Dr.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2410
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Brandon FL

City & State

Brandon

4. FEI Number

59-2418994

Applied For

Not Applicable

Zip

33510

Country

Zip

33509

Country

Florida

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPO, RAMON F.
~~1605 COTTAGEWOOD~~
BRANDON FL 33510

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
907 - Oak Hollow Ct. Dr.
City *Brandon* FL Zip *33510*

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	CAMPO, RAMON F.	
STREET ADDRESS	1605 COTTAGEWOOD DR.	
CITY-ST-ZIP	BRANDON FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	EKONOMOU, DIANA C.	
STREET ADDRESS	907 OAK HOLLOW CT	
CITY-ST-ZIP	BRANDON FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CAMPO, DANIEL E.	
STREET ADDRESS	110 DAM IF I NO	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>907 Oak Hollow Ct.</i>	
CITY-ST-ZIP	<i>Brandon 33510</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>907 - Oak Hollow Ct.</i>	
CITY-ST-ZIP	<i>Brandon 33510</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/03
Date

Daytime Phone #

CR2E034 (10/02)