

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H21496

1. Entity Name

CAMTECH OF SARASOTA, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90081 048 ***150.00

0407888

Principal Place of Business 3246 MAYFLOWER ST SARASOTA FL 34231	Mailing Address 3246 MAYFLOWER ST SARASOTA FL 34231
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2. Principal Place of Business 2657 CHERYLE LN Suite, Apt. #, etc.	3. Mailing Address 2657 CHERYLE LN Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SARASOTA	City & State SARASOTA	4. FEI Number 59-2436579	Applied For <input type="checkbox"/> Not Applicable
Zip 34237	Country SARASOTA	Zip 34237	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

CAMPBELL, P. BARRY
1616 STANFORD LANE
SARASOTA FL 34231

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 P. Barry Campbell PRES
Signature, typed or printed name of registered agent and title if applicable.

4/3/2001
DATE

(NOTE: Registered Agent signature required when reinstating)

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	DP CAMPBELL, P. BARRY 3246 MAYFLOWER ST SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAMPBELL, P. BARRY 2657 CHERYLE LN SARASOTA, FL 34237 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CAMPBELL, BECKY K. 3246 MAYFLOWER ST SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CAMPBELL BECKY K. 2657 CHERYLE LN SARASOTA FL 34237 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: P. Barry Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2001
Date

Daytime Phone #

CR2E034 (10/00)