

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J81432

1. Entity Name

GRECO, DEBELLES, CAMERO, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90124 008 ***150.00

Principal Place of Business	Mailing Address
702 CARTER ROAD WINTER GARDEN FL 34787 US	P.O. BOX 598 OCOE FL 34761-0598 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	59-2824275	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
GRECO, JOSEPH C 702 CARTER RD WINTER GARDEN FL 34787

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 _____ (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	
TITLE	VD
NAME	DEBELLES, GERARD L.
STREET ADDRESS	702 CARTER ROAD
CITY-ST-ZIP	WINTER GARDEN FL 34707
TITLE	STD
NAME	CAMERO, GERALD E.
STREET ADDRESS	702 CARTER ROAD
CITY-ST-ZIP	WINTER GARDEN FL 34707
TITLE	PD
NAME	GRECO, JOSEPH C.
STREET ADDRESS	702 CARTER ROAD
CITY-ST-ZIP	WINTER GARDEN FL 34707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-2-2000

407 877-7344

CR2E034 (9/99)