

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
 02-29-2000 90168 004 ***150.00

DOCUMENT # K00325

1. Entity Name
CAMEO FARM, INC.

Principal Place of Business 1701 DESOTO ROAD SARASOTA FL 34234	Mailing Address C/O JOHN PATTERSON 46 N. WASHINGTON BLVD.. #1 SARASOTA FL 34236-5932 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7015 PROFESSIONAL PKWY EAST	3. Mailing Address Suite, Apt. #, etc.
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City & State SARASOTA FLORIDA	City & State
Zip 34240	Country

4. FEI Number 65-0013215	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PATTERSON, JOHN
 46 N. WASHINGTON BLVD #1
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS COX, JOHN 1701 DESOTO RD SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7015 PROFESSIONAL PARKWAY EAST SARASOTA FLORIDA 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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, are empowered.

SIGNATURE: JOHN J. COX **JOHN J. COX, President**
 Date: 2/21/2000 (941) 907-9099
 Daytime Phone #

CR2E034 (9/99)