2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. COX, President

Mar 22, 2001 8:00 am **DOCUMENT # K00325 Secretary of State** CAMEO FARM, INC. 03-22-2001 90027 048 ***150.00 Principal Place of Business Mailing Address 7015 PROFESSIONAL PKWY EAST C/O JOHN PATTERSON SARASOTA FL 34240 46 N. WASHINGTON BLVD., #1 SARASOTA FL 34236 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0013215 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATTERSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD #1 SARASOTA FL 34236 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **DPAS** ☐ Delete TITI F ☐ Change ☐ Addition TITLE COX, JOHN NAME NAME 7015 PROFESSIONAL PKWY EAST STREET ADDRESS STREET ADDRESS SARASOTA FL 34240 CITY-ST-ZIP CITY-ST-7IP DVST ☐ Addition TITLE ☐ Change TITLE Defete COX, JOHN J III NAME NAME STREET ADDRESS 7015 PROFESSIONAL PKWY EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 ☐ Addition TITLE □ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing closs 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 the grid 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 of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the receiver of the corporation or the receiver of the corporation of the receiver of changed, or on an attachme

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Daytime Phone #