


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90943 043 ***150.00

DOCUMENT # K89337
1. Entity Name
JAMES E. CAMPBELL, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4149 SE SALERNO RD	3. Mailing Address 3001 SE ASTER LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 901

City & State STUART, FL	City & State STUART, FL
-----------------------------------	-----------------------------------

Zip 34997	Country US	Zip 34994	Country US
---------------------	----------------------	---------------------	----------------------

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0126031	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

**DO NOT WRITE
IN THIS SPACE**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name **JAMES E. CAMPBELL**

Street Address (P.O. Box Number is Not Acceptable)
3001 SE ASTER LANE #901

City **STUART** FL Zip Code **34994**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	DP CAMPBELL, JAMES E. 3001 SE ASTER LANE #901 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CAMPBELL, RHONDA L. 3001 SE ASTER LANE #901 STUART, FL 34994
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	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *James E. Campbell* *Rhonda L. Campbell* 4/13/03 712-287-6964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)