

2001 UNIFORM BUSINESS REPORT (UBR)

0006724 AF

DOCUMENT # L00000009699

1. Entity Name
CAMPBELL INVESTMENT CO, LLC

FILED

01 MAY -1 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1528 S. MILLS AVENUE
ORLANDO FL 32806

Mailing Address

1528 S. MILLS AVENUE
ORLANDO FL 32806



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1528 S Mills Ave

3. Mailing Address

PO Box 56045

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando Florida

Orlando Florida

Zip

Country

Zip

Country

32806 USA

32856 USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, JOHN W
1528 S. MILLS AVENUE
ORLANDO FL 32806

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
PRESIDENT
John W Campbell
1528 S MILLS AVE
Orlando Fla 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
VP
Sylvia C Campbell
1528 S MILLS AVE
Orlando Fla 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
4000004271884-7
-05/18/01--01111--015
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

John W Campbell 4-26-01 407-894-8661

CR2E083 (11/00)