## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## L76091 **DOCUMENT #**

1. Entity Name

CAMPBELL'S ORNAMENTAL CONCRETE, INC. -



## **FILED** Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90129 005 \*\*\*150.00

TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C													
Suite. Apt if cit.    City & State   City & State   City & State   City & State   A. FEI Number   SS-0192864   Applied For     Country   Zip   Country   S. Certification of Status Desiring   SS-75 Additional	C/O ELIZABETH J. CAMPBELL 1930 PINE ISLAND RD N.E. CAPE CORAL FL 33909			C/O ELIZABETH J. CAMPBELL 1930 PINE ISLAND ROAD N.E. CAPE CORAL FL 33909									
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Deaved   S8.75 Additional Fee Required Fee	2. Principal	Place of Busin	ess	3. Ma	illing Address		8.1		! !#0! #!  BF  (BD # (1)   #0  # 18 #		iali didil didil	81811 81811 1881	
Zip Country Zip Country Sip Country S. Certificate of Status Deared S. 83.75 Additional Fee Required  6. Name and Address of Current Registered Agent	Suite, Api	t. #, etc.	•	Sui	te, Apt. #, etc.		<del></del>		CHECK HERE II	F MAKINO	G CHANGES	3	
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (R.O. Box Number is Not Acceptable)  Street Address (R.O. Box Number is Not Acceptable)  CAPE CORAL FL 33309  CIRY. FL.   Zio Code  CIRY. FL.   Zio Code  CIRY. FL.   Zio Code  CIRY. FL.   Zio Code  The obligators of registered agent. or both, in the State of Ficilida. It am familiar with, and accept the obligators of registered agent. or both, in the State of Ficilida. It am familiar with, and accept the obligators of registered agent. or both, in the State of Ficilida. It am familiar with, and accept the obligators of registered agent. or both, in the State of Ficilida. It am familiar with, and accept the deligators of registered agent. or both, in the State of Ficilida. It am familiar with, and accept the deligators of registered agent. Or registered agent. or both, in the State of Ficilida. It am familiar with, and accept the deligators of registered agent.  SIGNATURE  Signature system primer have of registered agent	City & State				City & State			4.	65-0192864				
B. Name and Address of Current Registered Agent  CAMPBELL, ELIZABETH J. 1930 PINE ISLAND IRD N.E. CAPE CORAL FL 33909  City. FL Zip Code  8. The above nended only succents 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 or registered agent and size agreement agent	Zip Country			Zip Cou			itry	5. Certificate of Statu			\$8.75 A	dditional	
Name Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  The Address (P.O. B		6. Name	and Address of Current	Register	ed Agent		1	7	Name and Address of New Po	aistorad	•	eu	
Street Address (P.O. Box Number is Not Acceptable)    City	<del></del>			J			Name		Maine and Address of New Ne	gistered	Agent		
City. FL Zip Code  8. The above named antity submits this statement for the purpose of changing its registrated office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  ### Signature, higher or pirend name of registered agent und like I aphicable.  ### Signature, higher or pirend name of registered agent und like I aphicable.  ### Signature, higher or pirend name of registered agent und like I aphicable.  ### Signature, higher or pirend name of registered agent und like I aphicable.  ### OFFICERS SIS \$15.0.00  ### Added to Fees  ### Added to						•							
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE								-					
SIGNATURE    FILE NOW!!  FEE IS \$150.00   Signature, syratio or printed harm of registered agent and little it applicable.   (NOTE Registered Agents signature required when remotating)   DATE			· <del>The same of the same of the</del>		~ ,=						<u>-</u>   '`'	-	
FILE NOW.!! PRE IS \$15.0.00 After May 1, 2003, Pet will be \$55.0.00 Make Check Payable to Fierjet Department of State  10.	8. The above the obliga	e named entity itions of registe	submits this statement for ered agent.	or the purp	oose of changing its i	registere	ed office or regi	stered ag	gent, or both, in the State of Flori	da. I am	familiar with	, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003; Fee will be \$550.00 Make Check Payable to Fferida Department of State  10.	SIGNATURE		r printed name of registered agent	and title if app	olicable. (NOTE:	: Registere	d Agent signature req	uired when s	reinstating)	DATE		<del></del>	
TOL.    Comparison   Comparison	Afte	r May 1, 2003	Fee will be \$550.00			<del>-</del>		•	9. Election Campaign Fina	ncing _			
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

1-30-2003 (239)458-0800

Date

Daytime Phone #