

DOCUMENT # N04000003425



ling Address

Suite, Apt. #, etc.

10302008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
20-5185889

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7 Name and Address of New Registered Agent

Name _____
Street A _____
City _____

Campbell Property Management
3918 Via Poinciana Dr. #9
Lake Worth, FL 33467

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

78.	OFFICERS AND DIRECTORS
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TITLE	P	<input type="checkbox"/> Delete
NAME	PEASE, JOE	
STREET ADDRESS	1601 FORUM PLACE #805	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	BAK, DOUGLAS	
STREET ADDRESS	1601 FORUM PLACE #805	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

TITLE	T	<input type="checkbox"/> Delete
NAME	VALLER, KEVIN	
STREET ADDRESS	1601 FORUM PLACE #805	
CITY-ST- ZIP	WEST PALM BEACH, FL 33401	

FILE	D	<input type="checkbox"/> Delete
NAME	HARALA, SCOTT	
STREET ADDRESS	1601 FORUM PLACE #805	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

TITLE	<input type="checkbox"/> Delete
NAME	
SHORT ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500138137035
STREET ADDRESS	11/20/08--01040--004 杂1.25

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # _____