2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State
09-14-2001 90026 011 ***558.75

DOCUMENT # P00000007619

1. Entity Name:
CAMPBELL'S PROPERTY MANAGEMENT OF PINELLAS COUNTY, INC.

Principal Place of Business	Mailing Address
277 55TH AVENUE P. O. BOX 66632 ST. PETE BEACH, FL 33706	P. O. BOX 1203 MARION, IN 46952

C0077040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3624556 ☐ Applied For ☐ Not Applicable

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
JOHN W. CAMPBELL 277 55TH AVENUE P. O. BOX 66632 ST. PETE BEACH, FL 33706	Name: DOROTHY M. WELCH Street Address (P.O. Box Number is Not Acceptable): 1306 ROBIN ROAD City: SOUTH PASEDENA FL Zip Code: 33707-3829

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: X Dorothy M. Welch 9-10-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D JOHN W. CAMPBELL 277 55TH AVENUE ST. PETE BEACH, FL 33706 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D JUANITA L. CAMPBELL 277 55TH AVENUE ST. PETE BEACH, FL 33706 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DOROTHY M. WELCH 1306 ROBIN ROAD SOUTH PASEDENA, FL 33707-3829 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 9.6.01
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING OFFICER OR DIRECTOR — Date — Daytime Phone #