

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91005 024 ***150.00

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DOCUMENT # P00000008025

1. Entity Name
JAMES M. CAMENE RESIDENTIAL CONTRACTOR, INC.



Principal Place of Business
1845 S.W. 4TH AVENUE
STE.7-A
DELRAY BEACH FL 33444

Mailing Address
1845 S.W. 4TH AVENUE
STE.7-A
DELRAY BEACH FL 33444



2. Principal Place of Business
705 LIVE OAK STREET.

3. Mailing Address

Suite, Apt., #, etc.
UNIT L

Suite, Apt., #, etc.
5517 Yagie Drive

City & State
TAMPA SPRINGS

City & State
NEW PORT RICHEY, FL.

4. FEI Number **65-0976726**

Applied For
Not Applicable

Zip
U.S.A.

Zip
34653 **U.S.A.**

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

CAMENE, JAMES M
74 PALOMINO CIRCLE
BOCA RATON FL 33487

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CAMENE, JAMES M 74 PALOMINO CIRCLE BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD CAMENE, THEO 2432 SOUTHRIDGE ROAD DELRAY BEACH FL 33444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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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 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

3-16-03

Date

Daytime Phone #

CR2E034 (10/02)