

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017807

1. Entity Name

J. KEVIN CAMPBELL AGENCY, INC.

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90019 004 ***150.00

Principal Place of Business

2111 THOMAS DR.
PANAMA CITY BEACH FL 32408

Mailing Address

2111 THOMAS DR.
PANAMA CITY BEACH FL 32408

2. Principal Place of Business

#5 Miracle Strip Loop

3. Mailing Address

#5 Miracle Strip Loop

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Panama City Beach

City & State

Panama City Beach

Zip

32408

Country

USA

Zip

32408

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3629164

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, J. KEVIN
2111 THOMAS DR.
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

#5 Miracle Strip Loop #1

Panama City Beach,

FL

32408

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

J. Kevin Campbell

J. Kevin Campbell Pres

2-10-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME CAMPBELL, J. KEVIN
STREET ADDRESS 2111 THOMAS DR.
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE ☐ Delete
NAME CAMPBELL, DAWN W
STREET ADDRESS 2111 THOMAS DR.
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME #5 Miracle Strip Loop #5
STREET ADDRESS Panama City Beach, FL 32408
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME #5 Miracle Strip Loop #5
STREET ADDRESS Panama City Beach, FL 32408
CITY-ST-ZIP

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

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

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

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

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, without being empowered.

SIGNATURE:

J. Kevin Campbell

J. Kevin Campbell 2-10-01

850-234-3197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)