

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90194 021 ***150.00

DOCUMENT # *FD1 000003470*
1. Entity Name *Hugh Campbell Inc.* ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9685 W. Wynn Ct.
Suite, Apt. #, etc.

3. Mailing Address
9685 W. Wynn Ct.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Crystal River, Florida
Zip *34429* Country *Hernando*

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Crystal River, Florida
Zip *34429* Country *Hernando*

4. FEI Number
59-3694043
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required -

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Hugh Campbell*
Street Address (P.O. Box Number is Not Acceptable)
9685 W. Wynn Ct.
City *Crystal River* FL Zip Code *34429*

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 *Hugh Campbell - Pres.* *Hugh Campbell* *4-25-02*
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. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres. Hugh Campbell 9685 W. Wynn Ct. Crystal Beach, Fl. 34429</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Hugh Campbell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 352-257-1033
Date Daytime Phone #

CR2E034B (12/01)