

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0483771 AV

DOCUMENT # **P01000015522**

04-01-2002 90637 044 \*\*\*150.00

1. Entity Name  
**CARLOS CAMPOS AND SONS, INC.**

Principal Place of Business <b>1110 PINE ISLAND ROAD UNIT #30 CAPE CORAL FL 33990</b>	Mailing Address <b>1110 PINE ISLAND ROAD UNIT #30 CAPE CORAL FL 33990</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1110 PINE ISLAND ROAD</b>	3. Mailing Address <b>1110 PINE ISLAND ROAD</b>
Suite, Apt. #, etc. <b>UNIT #30</b>	Suite, Apt. #, etc. <b>UNIT #30</b>

City & State <b>CAPE CORAL FL.</b>	City & State <b>CAPE CORAL FL</b>	4. FEI Number <b>65-1112576</b>	Applied For Not Applicable
Zip <b>33909</b>	Country <b>USA</b>	Zip <b>33909</b>	Country <b>USA</b>

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

6. Name and Address of Current Registered Agent  
**RICHBOURG, DONALD C**  
**6830 SHELBY STREET, #2**  
**NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent  
 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.  
 SIGNATURE \_\_\_\_\_ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>CARLOS CAMPOS</b> <b>413 SE 8th Terrace</b> <b>CAPE CORAL FL 33990</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Carlos A. Campos* **3-20-02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E03 (9/01)