4/17/2002-90061-036-$150.00-$150.00

FILED

02 MAY 15 PH 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000027459

1. Entity Name
CAMELOT. BOTANICAL, INC.

Principal Place of Business	Mailing Address
18600 SW 240TH STREET HOMESTEAD FL 33031	18600 SW 240TH STREET HOMESTEAD FL 33031

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 65-1092167 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE SUTIE 330
BOCA RATON FL 33486

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 ______________________
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) ☐

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	
P D	STEPHEN WAYNE LEE 18600 S.W. 240 ST Homestead, Fl. 33031	☐ Delete
V-P D	LAURIE-ANN LEE 18600 S.W. 240 ST Homestead, Fl. 33031	☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #