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

FILED

03 MAY 23 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000044670**

1. Entity Name

Campbell's Wrecker Service Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16992 Panama City Beach Pkwy
Suite, Apt. #, etc.

3. Mailing Address

16992 Panama City Beach Pkwy
Suite, Apt. #, etc.

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

02-03

City & State

Panama City Beach, Florida

City & State

Panama City Beach, Florida

4. FEI Number

59-3716948

Applied For

Not Applicable

Zip

32413

Country

USA / BAY

Zip

32413

Country

USA / BAY

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

August Campbell

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

146 LAIRD CIRCLE

City

Panama City

FL

Zip Code

32408

**DO NOT WRITE
IN THIS SPACE**

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

August Campbell

146 Laird Circle Panama City 32408

03/04/03

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	PRESIDENT - P JOSEPH CAMPBELL 16992 Panama City Beach Pkwy Panama City Beach, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER DONNA CAMPBELL 16992 Panama City Beach Pkwy Panama City Beach, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	100013926111 03/11/03--01069--012 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100013926111 06/04/03--01034--003 **600.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

JOSEPH CAMPBELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/03
Date

850.224.2937
Daytime Phone #

CR2E034B (12/01)