

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90048 022 ***150.00

DOCUMENT # P01000058872

1. Entity Name

S. CAMERON CONSTRUCTION CORPORATION

Principal Place of Business

**9995 BARTON CIRCLE
FRISCO TX 75035
US**

Mailing Address

**9995 BARTON CIRCLE
FRISCO TX 75035
US**

2. Principal Place of Business

9995 Barton Circle

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FRISCO, TEXAS

City & State

Same

4. FEI Number

58-2643164

Applied For

Not Applicable

Zip

75035

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONCHIGLIO, EDWARD
740 S.W. 110TH AVENUE
OCALA FL 34481**

7. Name and Address of New Registered Agent

Name **Edward Conchiglio**
Street Address (P.O. Box Number is Not Acceptable)
740 SW 110th St
City **OCALA** 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 **No Change S. Camer**

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 **P** ☐ Delete
NAME **RIVAS, STEPHEN M**
STREET ADDRESS **9995 BARTON CIRCLE**
CITY-ST-ZIP **FRISCO TX 75035**

TITLE **V** ☐ Delete
NAME **CONCHIGLIO, BRENDA J**
STREET ADDRESS **9995 BARTON CIRCLE**
CITY-ST-ZIP **FRISCO TX 75035**

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
STREET ADDRESS
CITY-ST-ZIP

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

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

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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, with all other like or empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02

972-562-2899

Date

Daytime Phone #

CR2E034 (9/01)