

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90081 049 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000069680

1. Entity Name
CAMERICA, INC.

Principal Place of Business
3010 WEST BAY VILLA AVE.
TAMPA FL 33611

Mailing Address
3010 WEST BAY VILLA AVE.
TAMPA FL 33611

2. Principal Place of Business
800 W. Platt Street

Suite, Apt. #, etc.
2

City & State
Tampa, Fla.

Zip
33606

Country
USA

3. Mailing Address
800 W. Platt Street

Suite, Apt. #, etc.
2

City & State
Tampa, Fla.

Zip
33606

Country
USA

4. FEI Number
65-1121197

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DIXON, DEREK D
3010 WEST BAY VILLA AVE.
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name: **Derek D Dixon**

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

3010 W. Bay Villa Ave

City **Tampa**

FL

Zip Code **33611**

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 **Derek Dixon President**

2-18-02

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **JULIE DIXON**
 CITY-ST-ZIP **3010 W. Bay Villa Ave**
Tampa, Fla 33611

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **ALBERT D. Dixon**
 CITY-ST-ZIP **2803 W. Lake Ave**
Tampa Fla 33607

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

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 empowered.

SIGNATURE: **Derek Dixon President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-02 813 8355524

Date

Daytime Phone #

CR2E034 (9/01)