

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-21-2002 91167 009 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701000087630

1. Entity Name

BRAD CAMPBELL INSURANCE AGENCY, INC.

92371

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13510 TAMiami TRAIL N.

3. Mailing Address

7064 TIMBERLAND CIRCLE

Suite, Apt. #, etc.

SUITE #8

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-3742915

Applied For

Not Applicable

Zip

34110

Country

Zip

34109

Country

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

7. Name and Address of Current Registered Agent

Name LAMB, JEFFREY R.

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

868 106TH AVENUE N.

City

NAPLES

FL

Zip Code

34108

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

Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

JEFFREY R. LAMB

04/23/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria 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	D CAMPBELL, CHARLES 7064 TIMBERLAND CIRCLE NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES (BRAD) CAMPBELL

Date

4/29/02 239-596-6700

Daytime Phone #

CR2E034B (12/01)