

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90307 025 \*\*\*150.00

**DOCUMENT # P02000034077**

1. Entity Name

**CAMPBELL CARPENTRY & TRIM, INC.**



Principal Place of Business

3807 EMILIA DRIVE  
DAYTONA BEACH FL 32127

Mailing Address

3807 EMILIA DRIVE  
DAYTONA BEACH FL 32127

2. Principal Place of Business

**1307 CREPE MYRTLE LANE**

Suite, Apt. #, etc.

3. Mailing Address

**1307 CREPE MYRTLE LANE**

Suite, Apt. #, etc.

City & State

**PORT ORANGE, FL**

Zip  
**32128**

Country

City & State

**PORT ORANGE, FL**

Zip  
**32128**

Country

4. FEI Number

**68-0500572**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CAMPBELL, DIONISIO**

**3807 EMILIA DRIVE 1307 CREPE MYRTLE LANE  
DAYTONA BEACH FL 32125 PORT ORANGE, FL 32128**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS.

TITLE ☐ Delete  
NAME: **CAMPBELL, DIONISIO**  
STREET ADDRESS: **3807 EMILIA DRIVE**  
CITY-ST-ZIP: **DAYTONA BEACH FL 32127**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS: **1307 CREPE MYRTLE LANE**  
CITY-ST-ZIP: **PORT ORANGE, FL 32128**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/03**

Date

Daytime Phone #

**6386 756-7966**

CR2E034 (10/02)