2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0200047158

1. Entity Name

CAMILLE ALBARELLE P.A.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90168 031 ***150.00

Principal Place of Business 287 E. INDIANTOWN ROAD JUPITER FL 33477		Mailing Address 287 E. INDIANTOWN ROAD JUPITER FL 33477							
2. Principal Place of Busine	ess	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4.55	Number 554 844	Not	olied For Applicable		
Zip	Country		Coun	try	5. Certificate of Status Desired See Required Fee Required				
6. Name	7. Name and Address of New Registered Agent								
• • • • • • • • • • • • • • • • • • • •		Name				<u> </u>			
ALBARELLE, CAMILLE 287 E. INDIANTOWN ROAD			· · · · · ·	Street Address	Address (P.O. Box Number is Not Acceptable)				
JUPITER FL 33477									
JUPITER PL 33477				City	FL Zip Code				
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the obligations of regist	ered agent.			ed office or regist		t, or both, in the State of Florida. La	·	and accept	
Signature, typed	or printed name of registered age	nt and title if applicable.	(NOTE: Hegistere	d Affert affireme tedn	iii Ba Wiloi Taiii.	in and the second secon			
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.	Added	May Be to Fees	
10.	OFFICERS AN	ID DIRECTORS	11.		ADD	ITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11	
TITLE D NAME ALBARELL	E, CAMILLE DIANTOWN ROAD	□ Del	NAN	1			☐ Change	☐ Addition	
CITY-ST-ZIP JUPITER F			CIT	(-ST-ZIP					
TITLE	2 00 11 1	☐ Del	ete TITI				☐ Change	Addition	
NAME STREET ADDRESS			STR	EET ADDRESS Y-ST-ZIP					
CITY-ST-ZIP					<u>.</u>	<u> </u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS	, , , , e meter	Dei	NAI STF	ME SEET ADDRESS Y-ST-ZIP	·	· · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP		De					☐ Change	Addition	

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attacking with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

2-10-03

Daytime Phone #

☐ Change

☐ Change

Addition

Addition