

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0046801 AV

DOCUMENT # P02000056226

1. Entity Name  
CAMELOT CONSTRUCTION CO., OF TALLAHASSEE



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB 19 PM 2:48

Principal Place of Business  
3109 ANSLEY PARK DR.  
TALLAHASSEE FL 32309

Mailing Address  
3109 ANSLEY PARK DR.  
TALLAHASSEE FL 32309



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

FEI Number

50-0003106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISE, DONALD E  
3109 ANSLEY PARK DR.  
TALLAHASSEE FL 32309

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME WISE, DONALD E  
STREET ADDRESS 3109 ANSLEY PARK DR.  
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☐ Change ☐ Addition  
NAME 600013693416  
STREET ADDRESS 03/07/03--01051--021 \*\*150.00  
CITY-ST-ZIP

TITLE V ☒ Delete  
NAME WISE, ALYSON N  
STREET ADDRESS 3109 ANSLEY PARK DR.  
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE UP ☐ Change ☒ Addition  
NAME Joseph D. Adams  
STREET ADDRESS 5363 Canisbrooke Ln  
CITY-ST-ZIP Tallahassee FL 32309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 all other like empowered.

SIGNATURE: [Signature] Wise - Pres 2/18/03 850-445-4085  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)