## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P92000004580

Entity Name: CAMPBELL RV, INC.

City-St-Zip:

MYAKKA CITY, FL 34251

FILED Apr 29, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 617 CATTLEMEN RD 617 CATTLEMEN RD SARASOTA, FL 34243 US SARASOTA, FL 34232 US **Current Mailing Address: New Mailing Address:** 617 CATTLEMEN RD 617 CATTLEMEN RD SARASOTA, FL 34243 US SARASOTA, FL 34232 US FEI Number: 65-0369995 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMPBELL, KEVIN P CAMPBELL, KEVIN P 1775 BEL AÍR STAR PARKWAY 617 CATTLEMEN RD. SARASOTA, FL 34232 SARASOTA, FL 34232 US 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: KEVIN P. CAMPBELL 04/29/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CAMPBELL, KEVIN P. Name: Name: 1775 BEL AIR STAR PARKWAY Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: Title: Title: () Change () Addition () Delete Name: CAMPBELL, RALPH M. Name: 4608 LORDS AVENUE Address: Address: SARASOTA, FL City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition CAMPBELL, COLIN G Name: Name: 30605 BETTS ROAD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KEVIN P. CAMPBELL P 04/29/2002