2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P92000014548

1. Entity Name

CAMPBELL LAND COMPANY



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90126 002 ***150.00

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City & State	2. Principal Pl	ace of Business	3. Mailing Address					{				
Zep Country Zip Country 5. Certificate of Status Desired S. 7.5 Additional Fee Roquired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Roquired Agent Name Status Office or registered agent, or both, in the State of Florida. I am familiar with, and socopt the collegations of registered agent, or both, in the State of Florida. I am familiar with, and socopt the collegations of registered agent, or both, in the State of Florida. I am familiar with, and socopt the collegations of registered agent, or both, in the State of Florida. I am familiar with, and socopt the collegations of registered agent, or both, in the State of Florida. I am familiar with, and socopt the collegations of registered agent, or both, in the State of Florida. I am familiar with, and socopt the collegations of registered agent, or both, in the State of Florida. I am familiar with, and socopt the collegations of registered agent, or both, in the State of Florida. I am familiar with, and socopt the collegations of registered agent, or both, in the State of Florida. I am familiar with, and socopt the collegations of registered agent, or both, in the State of Florida. I am familiar with, and socopt the collegations of registered agent, or both, in the State of Florida. I am familiar with, and socopt the collegations of registered agent, or both, in the State of Florida. I am familiar with, and socopt the collegations of registered agent, or both, in the State of Florida. I am familiar with, and society of PLO Collegations of registered agent, or both, in the State of Florida. I am familiar with, and society of PLO Collegations of registered agent, or both, in the State of Florida. I am familiar with, and society of PLO Collegations of registered agent, or both, in the State of Florida. I am familiar with, and society of PLO Collegations of registered agent, or both, in the State of Florida. I am familiar with, and society of PLO Collegations of registered agent, or both, in the State of Florida. I	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name and Addres	City & State	3	City & State				4. FE	1 Number 59-3155308		<u> </u>		
BATTLE, JOHN R 3444 N CITRUS AVE CRYSTAL RIVER FL 34428 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 Spritum, sped delicities for two of registered agent. FILE NOW!!! FELE S150.00 After May 1, 2003 Fee will be \$550.00 Marko Check Payabole to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THIS NOW. SIFET AUDRESS ON'S 7P AT A LAURA 378ET AUDRESS ON'S 7P A A LAURA 378ET AUD	Zip	Country		Zip Cour			5. Ce	rtificate of Status Desired				
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	CRYSTAL RIVER FL 34428											
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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		ertify that the information supplied with	h this filina	done not exclib for			otion 14	0.07(2)(i) Elorido Ctatutos 14	rthor ===	ih, that tha	formation	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-91-2003

404 261-7411

Daytime Phone #

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