

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90199 017 ***158.75

DOCUMENT # **P93000020790**

1. Entity Name

CAMED INTERNAT CORP



DO NOT WRITE IN THIS SPACE

10062934

2. Principal Place of Business

955 CIRCLE DR - D

Suite, Apt. #, etc.

D

3. Mailing Address

955 CIRCLE DR - D

Suite, Apt. #, etc.

D

City & State

DELRAY BEACH FL.

City & State

DELRAY BEACH FL.

4. FEI Number

65-0421525

Applied For

Not Applicable

Zip

33445

Country

PALM BCH

Zip

33445

Country

PALM BCH

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DONALD L. LLOYD

Street Address (P.O. Box Number is Not Acceptable)

955 CIRCLE DR.

City

DELRAY Bch.

FL

33445

Zip Code

33445

**DO NOT WRITE
IN THIS SPACE**

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

Donald L. Lloyd

DONALD L. LLOYD

4-6-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**PO
DONALD L. LLOYD
955 D. CIRCLE DR
DELRAY Bch FL.**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald L. Lloyd

DONALD L. LLOYD

4-6-03

561 330-3011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)