

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000061949

1. Entity Name

CAMEO PROFESSIONALS, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90124 024 ***150.00

Principal Place of Business

3300 S. HIAWASSEE ROAD
SUITE 107
ORLANDO FL 32835
US

Mailing Address

32005 HIAWASSEE RD
#205
ORLANDO FL 32835
US

2. Principal Place of Business

800 N. HIGHLAND AVE

3. Mailing Address

SAME AS PLACE OF BUSINESS

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

4. FEI Number

59-3199682

Applied For

Not Applicable

Zip

32803

Country

US

Zip

Country

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

WILLIAMS, WARREN E
28 W CENTRAL BLVD
ORLANDO FL 32802

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VOPT	MICHELLE CHIRA CARLTON	3300 S HIAWASSEE RD., SUITE 107	ORLANDO FL	<input type="checkbox"/> Delete			800 N. HIGHLAND AVE, SUITE 100	ORLANDO FL 32803	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	MICHELLE CHIRA CARLTON	3300 S HIAWASSEE RD., SUITE 107	ORLANDO FL	<input type="checkbox"/> Delete			800 N. HIGHLAND AVE, SUITE 100	ORLANDO FL 32803	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2F034 (9/99)