2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085499

1. Entity Name

ANDREW L. CAMERON, P.A.

Andrew L. Cameron, P.A.
232 Hillcrest Street
Orlando, FL 32801-1212
(407) 426-7311

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90078 049 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
232 Hillcrest St	232 Hillcrest St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32801 Country: USA	Zip: 32801 Country: USA

4. FEI Number 59-3217105 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMERON, ANDREW L.
~~120 E. ROBINSON ST.~~
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: Cameron, Andrew L.
Street Address (P.O. Box Number is Not Acceptable): 232 Hillcrest Street
City: Orlando FL Zip Code: 32821

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	~~D~~ ☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	~~CAMERON, ANDREW~~ L	NAME	Andrew L. Cameron
STREET ADDRESS	~~120 E ROBINSON T~~	STREET ADDRESS	232 Hillcrest Street
CITY-ST-ZIP	~~ORLANDO FL~~	CITY-ST-ZIP	Orlando FL 32801
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Andrew Cameron 4/17/00 407/426-7311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #