

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062010

1. Entity Name

JAMES D. CAMERON, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90434 030 \*\*\*150.00

Principal Place of Business

30677 OVERSEAS HIGHWAY  
BIG PINE KEY FL 33043  
US

Mailing Address

PO BOX 430239  
BIG PINE KEY FL 33043-0239  
US

2. Principal Place of Business

1561 NARCISSUS AVE.

3. Mailing Address

1561 NARCISSUS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BIG PINE KEY, FL

City & State

BIG PINE KEY, FL

Zip

33043

Country

USA

Zip

33043

Country

USA

4. FEI Number

65-0513827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMERON, JAMES D.  
30677 OVERSEAS HIGHWAY  
P.O. BOX 430239  
BIG PINE KEY FL 33043

7. Name and Address of New Registered Agent

Name JAMES D. CAMERON

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

1561 NARCISSUS AVE.

City BIG PINE KEY

FL

Zip Code 33043

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

*J. Cameron*

JAMES D. CAMERON

4-25-01

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMERON, JAMES D	
STREET ADDRESS	30677 OVERSEAS HWY	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES D. CAMERON	
STREET ADDRESS	1561 NARCISSUS AVE.	
CITY-ST-ZIP	BIG PINE KEY, FL 33043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*J. Cameron*

JAMES D. CAMERON

4-25-01

305-872-7237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0491551