

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90113 023 ***150.00

DOCUMENT # P95000066272

1. Entity Name

CNB CAMIRE, INC.

Principal Place of Business

2459 SW 27TH AVENUE
 Ocala FL 34474
 US

Mailing Address

2459 SW 27TH AVENUE
 Ocala FL 34474-4407
 US

2. Principal Place of Business

303 SE 17th St
 Suite, Apt. #, etc.
 H 306

3. Mailing Address

303 SE 17th St
 Suite, Apt. #, etc.
 H 306

City & State

Ocala FL

City & State

Ocala, FL

Zip

34471

Country

USA

Zip

34470

Country

USA

4. FEI Number

59-3336404

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMIRE, NELSON P. JR.
 829 N.E. 12TH AVENUE
 Ocala FL 34470

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMIRE, NELSON P. JR.	
STREET ADDRESS	829 N.E. 12TH AVENUE	
CITY-ST-ZIP	Ocala FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMIRE, JILL C.	
STREET ADDRESS	829 N.E. 12TH AVENUE	
CITY-ST-ZIP	Ocala FL 34470	
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		<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:

N. P. Camire Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson P. CAMIRE JR V.P. 3/1/00 (352) 629-3221
 Date Daytime Phone #

CR2E034 (9/99)