

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90152 043 ***750.00

09/27/25 AV

DOCUMENT # P96000048983

1. Entity Name

TOM CAMPBELL AND ASSOCIATES, INC.



Principal Place of Business

7901 NW 166TH ST
MIAMI LAKES FL 33016
US

Mailing Address

15476 NW 77TH CT
STE 433
MIAMI LAKES FL 33016
US

2. Principal Place of Business

1604 BINNEY DR.
Suite, Apt. #, etc.

3. Mailing Address

1604 BINNEY DR.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

FT. PIERCE, FL

City & State

FT. PIERCE, FL

4. FEI Number

65-0671387

Applied For

Not Applicable

Zip

34949

Country

ST. LUCIE

Zip

34949

Country

ST. LUCIE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, NANCY
7901 NW 166TH ST
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name

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

1604 BINNEY DRIVE

City

FT. PIERCE

FL

Zip Code

34949

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **CAMPBELL, THOMAS E**
CITY-ST-ZIP **7901 NW 166TH ST**
MIAMI LAKES FL 33016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS E. CAMPBELL 9/11/03 305-785-7658

Date

Daytime Phone #

CR2E034 (4/03)