

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90045 024 \*\*\*550.00

**DOCUMENT # P96000060218**

1. Entity Name

**CAMEO KITCHENS, INC.**

Principal Place of Business

2250 LEE ROAD  
SUITE #101  
WINTER PARK FL 32789

Mailing Address

2250 LEE ROAD  
SUITE #101  
WINTER PARK FL 32789-1865

2. Principal Place of Business

**1989 SUMMERCLUB DR. #303**

3. Mailing Address

**1989 SUMMERCLUB DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 303**

City & State  
**OVIEDO FL**

City & State  
**OVIEDO FL**

Zip  
**32765**

Country

Zip  
**32765**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3399350**

Applied For  
Not Applicable

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

**SCOTT, KEVIN D**  
**7426 KEY COLONY AVE #2227**  
**WINTER PARK FL 32792**

Name **Kevin Scott**  
Street Address (P.O. Box Number is Not Acceptable)  
**2160 Sultan Circle**  
**1989 SUMMERCLUB DR. #303** **32766**  
City **OVIEDO Chuluota** **FL** Zip Code **32766**

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  
**PVST**  
**SCOTT, KEVIN D**  
**2250 LEE ROAD SUITE, #101**  
**WINTER PARK FL 32789** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2160 Sultan Circle** ☒ Change ☐ Addition  
**Chuluota, FL 32766**  
**1989 SUMMERCLUB DR. #303**  
**OVIEDO, FL 32765**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

**KEVIN D SCOTT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/23/00**

Date

**407-971-1647**

Daytime Phone #

CR2E034 (9/99)