

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90318 007 ***150.00

DOCUMENT # P96000099137

1. Entity Name
CAMBRIDGE INTERNATIONAL, INC.

Principal Place of Business

**38515 US 19 N
 PALM HARBOR FL 34684**

Mailing Address

**38515 US 19 N
 PALM HARBOR FL 34684**

2. Principal Place of Business

3036 OAK FOREST DR. N.

3. Mailing Address

3036 OAK FOREST DR. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FL.

City & State

CLEARWATER FL.

4. FEI Number

59-3427356

Applied For

Not Applicable

Zip

33759

Country

USA

Zip

33759

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DAFONTE, RICHARD J
 1000 BELCHER ROAD SOUTH
 SUITE 2
 LARGO FL 34641**

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, 2002 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** ☐ Delete
 NAME **BRESEE, ROBERT A**
 STREET ADDRESS **3036 OAK FOREST DRIVE, N**
 CITY-ST-ZIP **CLEARWATER FL 33759-1805**

TITLE **P** ☐ Delete
 NAME **BRESEE, DEBBIE L.**
 STREET ADDRESS **3036 OAK FOREST DRIVE, N**
 CITY-ST-ZIP **CLEARWATER FL 33759-1805**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/02 727-934-1201

CR2E034 (9/01)