

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099653

1. Entity Name  
CAMERON DEVELOPMENT, INC.

Principal Place of Business Mailing Address  
45 E COUNTRY CLUB DR PO BOX 5  
DESTIN FL 32541 DESTIN FL 32540  
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3431333

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

THOMAS, KENT D  
325 SAND MYRTLE TRAIL  
DESTIN FL 32541

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME THOMAS, KENT D  
STREET ADDRESS 325 SAND MYRTLE TRAIL  
CITY-ST-ZIP DESTIN FL 32541

TITLE  
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CITY-ST-ZIP

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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: *Kent D Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Jan 10, 2002 8:00 am**  
**Secretary of State**

01-10-2002 90003 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0056138 AV

CR2E034 (9/01)

01/10/2002 830 837-7400  
Date Daytime Phone #