FILED

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## Jan 21, 2003 8:00 am Secretary of State P96000099653 DOCUMENT # 1. Entity Name 01-21-2003 90123 028 \*\*\*150.00 CAMERON DEVELOPMENT, INC. Principal Place of Business Mailing Address 45 E COUNTRY CLUB DR PO BOX 5 DESTIN FL 32541 DESTIN FL 32540 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 59-3431333 Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS, KENT D Street Address (P.O. Box Number is Not Acceptable) 325 SAND MYRTLE TRAIL DESTIN FL 32541 City 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. 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 \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition THOMAS, KENT D NAME NAME 325 SAND MYRTLE TRAIL STREET ADDRESS STREET ADDRESS DESTIN FL 32541 CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete == = -☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 adjusted by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

Daytime Phone #