

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90003 001 ***150.00

DOCUMENT # P97000008946

1. Entity Name

CAMPBELL SALES OF NORTHWEST FLORIDA, INC.

Principal Place of Business

**70 SEAHORSE CIRCLE
 SANTA ROSA BEACH FL 32459**

Mailing Address

**P.O. BOX 490
 DEFUNIAK SPRINGS FL 32435**

2. Principal Place of Business

1973 COUNTY HWY 280A

3. Mailing Address

P.O. BOX 490

City & State

**DEFUNIAK SPRINGS FL
 32433 USA**

City & State

**DEFUNIAK SPRINGS FL
 32435-0490 USA**

4. FEI Number

59-3404729

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, MARK D
 694 BALDWIN AVE., SUITE 3
 DEFUNIAK SPRING FL 32433**

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, 2001 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 **P** ☐ Delete
 NAME **CAMPBELL, RALPH B**
 STREET ADDRESS **1973 HWY 280A**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32453**

TITLE **V** ☐ Delete
 NAME **CAMPBELL, GEORGIA R**
 STREET ADDRESS **1975 HWY 280A**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **ST** ☐ Delete
 NAME **CAMPBELL, SCOTT M**
 STREET ADDRESS **1975 HWY 280A**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01 850-892-0880

Date

Daytime Phone #

CR2E034 (10/00)

0465068