

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90118 048 ***150.00

DOCUMENT # *P97000031074*

1. Entity Name

CAMELOT Resources, Inc.



DO NOT WRITE IN THIS SPACE

10063153

2. Principal Place of Business

6748 Ashley Court

3. Mailing Address

6748 Ashley Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

City & State

Sarasota, Florida

Sarasota, Florida

Zip

Zip

34241-9695

34241-9695

Country

Country

USA

USA

4. FEI Number

65-0741303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kyle R. Carrington

Street Address (P.O. Box Number is Not Acceptable)

6748 Ashley Court

City

Sarasota,

FL

Zip Code

34241-9695

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

Kyle R. Carrington, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-2003

January - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *President*
NAME *Kyle R. Carrington*
STREET ADDRESS *6748 Ashley Court*
CITY-ST-ZIP *Sarasota, Florida 34241-9695*

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kyle R. Carrington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2003

Date

(941) 922-9336

Daytime phone #

CR2E034B (12/02)