

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90095 010 \*\*\*150.00

**DOCUMENT # P97000081395**

1. Entity Name

**CAMELOT BUILDERS, INC.**

Principal Place of Business

8695 COLLEGE PARKWAY, STE. 313  
 FORT MYERS FL 33919

Mailing Address

8695 COLLEGE PARKWAY, STE. 313  
 FORT MYERS FL 33919-5807

2. Principal Place of Business

8695 College Parkway  
 Suite, Apt. #, etc.  
 349

3. Mailing Address

8695 College Parkway  
 Suite, Apt. #, etc.  
 349

City & State

Ft. Myers, FL

City & State

Ft. Myers FL

Zip

33919

Country

USA

Zip

33919

Country

USA

4. FEI Number

65-0783104

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PUDER, RONALD B  
 13600 CHERRY TREE COURT  
 FORT MYERS FL 33912

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, 2000 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DPST  
 PUDER, RONALD  
 13600 CHERRY TREE COURT  
 FORT MYERS FL 33912

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E0: 4. (1/99)