2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

8695 COLLEGE PARKWAY, STE. 349

DOCUMENT # **P97000081395**

1. Entity Name

CAMELOT BUILDERS, INC.

Principal Place of Business

8695 COLLEGE PARKWAY, STE. 349



FILED Jan 24, 2003 8:00 am Secretary of State

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FORT MYERS FL 33919			FORT MYERS FL 33919					,,,,					
2. Principal Place of Business				3. Mailing Address					4 (00%) (00%) (300 40) (4 10%) (4 000) (4 00	141 B.DARL SEIDL 41	8181 JANUA 6146 6	1818† BIJI 1881	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4 . F	FEI Number 65-0783104			oplied For ot Applicable	
Zip	Country			Zip		Country		-5,-(Certificate of Status Desired	·	\$8.75 Ad	ditional _	
6. Name and Address of Current Registered Agent						T		7. N	7. Name and Address of New Registered Agent				
							Name .						
PUDER, R	ONALD B			0									
	IERRY TREE	COURT		Street Address (ress (I	P.O. Box Number is Not Acceptable)					
	ERS FL 339											·	
FORT MIT	LNO I L SOS	712											
						City				FL	Zip Cod	е	
8. The abhye	named entit	v submits this statement for	the our	pose of changing its	register	ed office or rei	nister	ed ane	ent, or both, in the State of Flo	orida Iam f	 amiliar with	and accept	
	tions of regist		ano pan	poso or onanging its	regiotor	,	giotori	oo age	one, or both, in the otate of the	Jilaa. Taili i	armia mai,	and accept	
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	Signature, typeu	or printed flame or registered agent an	и ине и ар	T (1401	c. negister	ou Agent signature i	equirec	whente	Timestating/	DAIE			
		! FEE IS \$150.00							9. Election Campaign Fir	nancing	\$5.0	0 May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of							•		Trust Fund Contributio	· -		to Fees	
Make Checi	(Payable to	,											
10.	1	OFFICERS AND D	DIRECTO	DRS	11.			AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
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NAME	PUDER, R					1E							
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12. I hereby o	certify that the	e information supplied with t	his filing	does not qualify for	the exe	mption stated	in Sec	ction 1	119.07(3)(i), Florida Statutes.	further cert	ify that the in	nformation	

indicated on this report or supplied with this filing does not quality for the exemption stated in Section 119.0/(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 Block 11 if changed, or on an attachment with an address, with all of the corporation of the receiver or trustee empowered.

SIGNATURE

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

e-128./1/21/03

Daytime Phone #