

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000089748**

1. Entity Name

528-530 CAMINO COURT, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90120 039 ***150.00

Principal Place of Business 260 Maitland Ave., #1500 Alt. Springs, FL 32701 Seminole County, Florida	Mailing Address same
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2. Principal Place of Business 260 Maitland Ave., #1500 Suite, Apt. #, etc. 1500	3. Mailing Address Suite, Apt. #, etc.
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City & State Alt. Springs, FL	City & State
Zip 32701	Country USA

4. FEI Number 59-3475783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

00046862

6. Name and Address of Current Registered Agent CHARLES A. DEHLINGER, ESQUIRE 260 Maitland Ave., Suite 1500 Altamonte Springs, FL 32701 SEMINOLE COUNTY, FLORIDA
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reappointing) 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
Please Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input type="checkbox"/> Delete CHARLES A. DEHLINGER, Esq. 260 Maitland Ave., #1500 Alt. Springs, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

4-24-01

SIGNATURE  CHARLES A. DEHLINGER, Pres/Director 407-682-4402

CR2E034 (1/1/00)