

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102014

1. Entity Name

CAMPBELL INDUSTRIES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90236 021 ***158.75

Principal Place of Business

Mailing Address

9647 PALM RIVER RD.
TAMPA FL 33619

P.O. BOX 2780
RIVERVIEW FL 33568-2780

2. Principal Place of Business

3. Mailing Address

412 Sacramento St.

412 Sacramento St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico, FL

City & State

Valrico, FL

Zip
33594

Country

USA

Zip
33594

Country

USA

4. FEI Number

59-3484912

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, BILLIE E
9647 PALM RIVER RD.
TAMPA FL 33619

No longer
with company

Name

Michael B. Campbell

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

412 Sacramento St.

City Valrico

FL

Zip Code

33594

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

Michael B. Campbell

Michael B. Campbell

1-18-00

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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:

Michael B. Campbell

1-18-00

813-654-3611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)