

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 07, 2000 8:00 am  
Secretary of State

04-07-2000 90114 001 \*1,587.50

DOCUMENT # P98000014406

1. Entity Name

CAMVEST CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

200 E ROBINSON ST. STE 450  
ORLANDO FL 32801

200 E ROBINSON ST. STE 450  
ORLANDO FL 32801-1989

2. Principal Place of Business

3. Mailing Address

10125 W. Colonial DR.

10125 W. Colonial DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

212

212

City & State

City & State

OCOE, FL

OCOE, FL

Zip

Country

Zip

Country

34761

USA

34761

USA

4. FEI Number

NOT APPLICABLE

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

CAMILLO, JOSEPH  
5020 ROSAMOND DRIVE, #2602  
ORLANDO FL 32808

Name

JOSEPH CAMILLO

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

10125 W. Colonial DR.

Suite 212

City

OCOE

FL

Zip Code

34761

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

Joseph Camillo/pres.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME CAMILLO, JOSEPH  
STREET ADDRESS 1224 SO HIAWASEE RD #612  
CITY-ST-ZIP ORLANDO FL 32835

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

JOSEPH CAMILLO/president

Date

Daytime Phone #

3/28/00

407-822-3664

CR2E034 (9/99)