

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 19, 2005 8:00 am  
Secretary of State

05-19-2005 90046 001 \*\*\*150.00

DOCUMENT # **P98 000041661**

1. Entity Name  
**CAMPBELL CONSTRUCTION AND REMODEL INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1407 RUSSELL AVE**

Suite, Apt. #, etc.

3. Mailing Address

**1407 RUSSELL AVE**

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

City & State

**SARASOTA FL**

4. FEI Number

**650832458**

Applied For

Not Applicable

Zip  
**34232**

Country  
**SARASOTA**

Zip  
**34232**

Country  
**SARASOTA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **DANIEL P CAMPBELL**

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

**1407 RUSSELL AVE**

City **SARASOTA**

**FL**

Zip Code  
**34232**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRESIDENT  
DANIEL P CAMPBELL  
1407 RUSSELL AVE  
SARASOTA FL 34232**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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12. 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 10 or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/15/05** **941-378-9798**

Date

Daytime Phone #

CR2E034B (12/02)

ATTACHMENT

40084900

#P98000041661

TO WHOM IT MAY CONCERN,

I AM JUST NOW SENDING IN  
MY UBR BECAUSE I DID NOT  
RECEIVE ONE IN THE MAIL AND  
HAD TO CALL NUMEROUS TIMES  
BEFORE I GOT THIS ONE. I'M  
SORRY FOR ANY INCONVENIENCE  
THIS MAY HAVE CAUSED BUT I  
SENT THIS FORM OUT AS SOON  
AS I RECEIVED IT. IF THERE IS  
ANY PROBLEM WITH THE FORM  
PLEASE CALL ME AT: (941) 378-9798

THANK YOU

DANIEL CAMPBELL