

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90031 028 ***150.00

DOCUMENT # *P98000102476*

1. Entity Name

CAMARWILDEN, INC.



DO NOT WRITE IN THIS SPACE

44031722

2. Principal Place of Business

8578 GUNN HWY

Suite, Apt. #, etc.

3. Mailing Address

3020 ORCHARD DR

Suite, Apt. #, etc.

City & State

ODESSA, FL.

City & State

PALM HARBOR, FL.

4. FEI Number

59-3547317

Applied For

Not Applicable

Zip
33556

Country

USA

Zip

34684

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CALVIN LARKINS

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

3020 ORCHARD DR

City

PALM HARBOR

FL

Zip Code

34684

**DO NOT WRITE
IN THIS SPACE**

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]

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

CALVIN LARKINS

(NOTE: Registered Agent signature required when reinstating)

4/14/04

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
	<i>CALVIN LARKINS</i>	<i>3020 ORCHARD DR.</i>	<i>PALM HARBOR, FL 34684</i>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CALVIN LARKINS

Date

4/14/04 727-785-1623

Daytime Phone #

CR2E034B (12/02)