

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90003 022 \*\*\*150.00

0114307 AT

DOCUMENT # **P99000066684**

1. Entity Name  
**CAMELO TAN, INC.**



Principal Place of Business  
**3791 PEACE PIPE DRIVE  
ORLANDO FL 32829**

Mailing Address  
**3791 PEACE PIPE DRIVE  
ORLANDO FL 32829**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3601335**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**TAN, CAMELO  
3791 PEACE PIPE DRIVE  
ORLANDO FL 32829**

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_  
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 \$550.00/57**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **P** ☐ Delete  
NAME **TAN, CAMELO**  
STREET ADDRESS **3791 PEACE PIPE DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32829**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **O'ROURKE, LILIA**  
STREET ADDRESS **3791 PEACE PIPE DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32829**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-6-01**

Date

**407-384-7211**

Daytime Phone #

10/5/01 15/01

Attachment  
DH P9900060084  
Book 1980

8.6.01

TO WHOM THIS MAY CONCERN:

DEAR SIR,

I DID NOT RECEIVED ANY NOTICE  
LIKE THIS THIS YEAR. I WAS VERY  
SURPRISED WHEN I GOT THIS NOTICE  
SINCE I WAS ONLY PAYING \$150-  
FOR LAST YEAR. I CALLED YOUR OFFICE  
ABOUT MY PROBLEM AND THEY WERE  
VERY NICE TO EXPLAIN TO ME OF  
WHAT MAY HAVE HAPPENED.

THANK YOU VERY MUCH FOR  
YOUR COOPERATION.

KEEP UP THE GOOD WORK.

THANK YOU.

YOURS TRULY

CAMEL TAN

P.S. ENCLOSED IS A CHECK FOR  
\$150-

SAME