

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

May 08, 2000 8:00 am
Secretary of State

04-17-2000 90111 023 ***158.75

DOCUMENT # P99000068926

1. Entity Name

CAMELO-MULLINS INCORPORATED

Principal Place of Business

% CLASSIC TRAVEL
7318 MANATEE AVE. WEST
BRADENTON FL 34209

Mailing Address

% CLASSIC TRAVEL
7318 MANATEE AVE. WEST
BRADENTON FL 34209-3441

2. Principal Place of Business

7318 Manatee Ave West

Suite, Apt. #, etc.

City & State

Bradenton FL

Zip

34209

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3593157

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MULLINS, NANCY
% CLASSIC TRAVEL
7318 MANATEE AVE. WEST
BRADENTON FL 34209

7. Name and Address of New Registered Agent

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 \$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: President - Owner ☐ Delete
NAME: Nancy Mullins
STREET ADDRESS: 4725 Hamleta Grove Drive
CITY-ST-ZIP: Sarasota FL 34235

TITLE: Treasurer ☐ Delete
NAME: K. Quinton Mullins
STREET ADDRESS: 4725 Hamleta Grove Drive
CITY-ST-ZIP: Sarasota FL 34235

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-794-6625

4/10/00

Date

Daytime Phone

Nancy Mullins 5:100

CR2E034 (9/99)