

**DOCUMENT # P99000072266**

1. Entity Name

**CAMPBELL'S DIVERSIFIED SERVICES, INC.** ✓**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90012 023 \*\*\*550.00

Principal Place of Business

9720 BELVEDERE DR  
SEFNER FL 33584

Mailing Address

9720 BELVEDERE DR  
SEFNER FL 33584

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

593590790

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

CAMPBELL, DORIS W  
9720 BELVEDERE DR  
SEFNER FL 33584

## 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
CAMPBELL, DORIS W  
9720 BELVEDERE DR  
SEFNER FL 33584TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
CAMPBELL, SHERI D  
921 MARINE DR NO. 7  
GALVESTON TX 77550-3268TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY - ST - ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ Change ☐ AdditionNAME  
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:

Doris W. Campbell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORJuly 13, 2000  
Date(813) 986-1544  
Daytime Phone #