

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0005916
 AV

DOCUMENT # P99000084415

1. Entity Name

CAMPBELL MARINE SURVEYING, INC.

03-13-2002 90036 016 ***150.00

Principal Place of Business

**546 LAKEFIELD LANE
 ORANGE PARK FL 32073**

Mailing Address

**546 LAKEFIELD LANE
 ORANGE PARK FL 32073**



2. Principal Place of Business

3027 Highway 17 So.

3. Mailing Address

PMB 201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1177 PARK AVE STE 5

DO NOT WRITE IN THIS SPACE

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

4. FEI Number

59-3599601

Applied For

Not Applicable

Zip

32073

Country

USA

Zip

32073

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, JAMES D
 546 LAKEFIELD LANE
 ORANGE PARK FL 32073**

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, 2002 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 **P i** ☐ Delete
 NAME **CAMPBELL, JAMES D**
 STREET ADDRESS **546 LAKEFIELD LANE**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

James D Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)