

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111813

1. Entity Name

CAR CAMPBELL INC.

FILED

Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90099 013 ***150.00

Principal Place of Business

Mailing Address

17194 BAY STREET
JUPITER FL 33458

17194 BAY STREET
JUPITER FL 33458

33477

33477

2. Principal Place of Business

17194 Bay ST

3. Mailing Address

17194 Bay ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter FL

City & State

Jupiter FL

Zip

33477

Country

USA

Zip

33477

Country

USA

6. Name and Address of Current Registered Agent

CIOFFI, JAMES A
250 TEQUESTA DRIVE STE 200
TEQUESTA FL 33469

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 D
NAME CAMPBELL, CAROLYN A
STREET ADDRESS 17194 BAY STREET
CITY-ST-ZIP JUPITER FL 33458 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Carolyn A Campbell
17194 Bay Street
Jupiter FL 33477 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

Car Campbell PRES CAR Campbell

3/31/00

Date

561-744-7696

Daytime Phone #

CR20004 (9/99)