

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V46401

1. Entity Name

CAMELOT COURT, INC.

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90044 027 ***158.75

821524



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O RITA MARTIN
2233 MCKINLEY
HOLLYWOOD FL 33020
US

C/O RITA MARTIN
2233 MCKINLEY
HOLLYWOOD FL 33020-3054
US

2. Principal Place of Business

3. Mailing Address

320 Palm ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N

City & State

City & State

Hollywood, FLA

Zip

Country

Zip

Country

33019

Broward

4. FEI Number

65-0343189

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, RITA
2233 MCKINLEY
HOLLYWOOD FL 33020

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MARTIN, RITA | |
| STREET ADDRESS | 2233 MCKINLEY | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> 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:

Rita Martin, SECRETARY, V.P.

3/10/00

Date

Daytime Phone #

(954) 920-5345

CR2E034 (9/99)