

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90112 042 \*\*\*150.00

**DOCUMENT # F01000001724**

1. Entity Name  
**CAM-BEL, INC.**

Principal Place of Business  
**BOX 430 HARDING HIGHWAY**  
**RICHLAND NJ 08350**

Mailing Address  
**BOX 430 HARDING HIGHWAY**  
**RICHLAND NJ 08350**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3409128**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL, JOHN J**  
**3970 LEEWARD PASSAGE COURT, 101**  
**BONITA SPRINGS FL 34134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, JOHN J</b>	
STREET ADDRESS	<b>86C DOGWOOD</b>	
CITY-ST-ZIP	<b>RICHLAND NJ</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, KATHLEEN R</b>	
STREET ADDRESS	<b>86C DOGWOOD</b>	
CITY-ST-ZIP	<b>RICHLAND NJ</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kathleen Campbell **Kathleen Campbell** 8-29-02 800-874-0424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

F01000001724

*Alt...*

124707



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To whom it May Concern:

We were advised that since this is the first time we received this report, our fee is \$150.00.

Thank you -

Kathy Campbell

**"Award Winning Imagination Delivers Your Message"**

3970 Leeward Passage Court, #101, Bonita Springs, Fl. 34134

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