

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90062 043 \*\*\*150.00

**DOCUMENT # K18664**

1. Entity Name  
**U-CAMP, INC.**

Principal Place of Business

6333 N. DALE MABRY HWY  
 TAMPA FL 33614

Mailing Address

6333 N. DALE MABRY HWY  
 TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2878430**

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**

**7. Name and Address of New Registered Agent**

**TOUCHTON, WALTER W.**  
**3121 TIFFANY DR**  
**BELLEAIR BEACH FL 33786**

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 \_\_\_\_\_ (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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	TOUCHTON, WALTER W.	
STREET ADDRESS	3121 TIFFANY DR	
CITY-ST-ZIP	BELLEAIR BEACH FL 33786	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	TOUCHTON, JOANN H.	
STREET ADDRESS	3121 TIFFANY DR	
CITY-ST-ZIP	BELLEAIR BEACH FL 33786	
TITLE	S	<input type="checkbox"/> Delete
NAME	TOUCHTON, JOANN H.	
STREET ADDRESS	3121 TIFFANY DR	
CITY-ST-ZIP	BELLEAIR BEACH FL 33786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gloria Baker Hering	
STREET ADDRESS	3711 Iowa Ave.	
CITY-ST-ZIP	Tampa, FL 33616	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter Jason Touchton	
STREET ADDRESS	9890 2nd St. N.	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Darin Touchton	
STREET ADDRESS	9890 2nd St. N.	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ginger L. Scudder	
STREET ADDRESS	142 80th Ave. N.	
CITY-ST-ZIP	St. Petersburg, FL 33702	

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: Joann H. Touchton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

813 878-2267

Daytime Phone #

CR2E034 (10/00)