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## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 26, 2001 8:00 am **DOCUMENT # 318467 Secretary of State** CAMERA GRAPHICS, INC. 03-26-2001 90001 038 \*\*\*150.00 Principal Place of Business Mailing Address 372 GOLFVIEW RD #503 372 GOLFVIEW RD #503 N PALM BEACH FL 33408 N PALM BEACH FL 33408 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1167230 Not Applicable Zip Country Country \$8.75\_ Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEITS, KATHRYN Street Address (P.O. Box Number is Not Acceptable) 372 GOLFVIEW RD #503 NORTH PALM BEACH FL 33408 City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ■ Addition DEITS, ELOISE NAME NAME 336 GOLFVIEW ROAD #608 STREET ADDRESS STREET ADDRESS CITY-ST-7IP NORTH PALM BEACH FL CITY-SY-7IP ☐ Addition TITLE ☐ Delete TITLE Change DEITS, KATHRYN NAME NAME 372 GOLFVIEW RD #503 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL CITY-ST-ZIP CITY\_ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ECKERSLEY, JAMES D. NAME NAME 372 GOLFVIEW RD #503 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NORTH PALM BEACH FL Vice President - Creative Addition ☐ Delete TITLE TITLE Robun D. Eckersley NAME NAME 2402 West 30th Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.