

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90227 008 ***158.75

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DOCUMENT # 366344

1. Entity Name
R. O. CAMP CONSTRUCTION, INC.



Principal Place of Business
1855 NE 12 AVENUE
GAINESVILLE FL 32641
US

Mailing Address
P.O. BOX 686
GAINESVILLE FL 32602
US



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-1306428**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAMP, ROY O.
1855 NE 12 AVENUE
GAINESVILLE FL 32641

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

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

FILE NOW!!! FEE IS \$150.00
After May 1; 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SDT	<input type="checkbox"/> Delete
NAME	CAMP, BEVERLY L	
STREET ADDRESS	4304 N W 78 TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	CAMP, ROY O	
STREET ADDRESS	4304 N W 78 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FILLMER, TOM	
STREET ADDRESS	4408 NW 78TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAMP, RANDY O	
STREET ADDRESS	2234 W UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE FL 32603	
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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beverly L. Camp* **Signature Required** Beverly L. Camp 02-11-03 392-37923
Date Daytime Phone #

CR2E034 (10/02)