

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 480186

FILED
Jan 06, 2003
Secretary of State

Entity Name: DE CAMP ENTERPRISES, INC.

Current Principal Place of Business:

2631 E OAKLAND PARK BLVD STE 101
P.O.BOX 70185
FORT LAUDERDALE, FL 333077185

New Principal Place of Business:

Current Mailing Address:

2631 E OAKLAND PARK BLVD STE 101
P.O.BOX 70185
FORT LAUDERDALE, FL 333070185 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE CAMP, IRENE
4325 NE 22 AVE
FORT LAUDERDALE, FL 333085629

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE CAMP, IRENE,
Address: 4325 N E 22 AVENUE
City-St-Zip: FT. LAUDERDALE, FL

Title: STD () Delete
Name: JACKSON, MARY JANE,
Address: 1679 NE 32ND STREET
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE DE CAMP

P/D

01/06/2003

Electronic Signature of Signing Officer or Director

_____ Date