

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 559995

1. Entity Name

HAM-CAM, INC.

Principal Place of Business

1345 WALDEN DRIVE
FORT MYERS FL 33901

Mailing Address

1345 WALDEN DRIVE
FORT MYERS FL 33901-8835

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PENDLETON, MARTHA J.
1345 WALDEN DRIVE
FORT MYERS, FL
33901

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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

TITLE: STD
NAME: PENDLETON, MARTHA J.
STREET ADDRESS: 1345 WALDEN DRIVE
CITY-ST-ZIP: FORT MYERS, FL 00000

☐ Delete

TITLE: PD
NAME: PENDLETON, EDITH K.
STREET ADDRESS: 1248 MIRACLE LANE
CITY-ST-ZIP: FORT MYERS, FL 00000

☐ Delete

TITLE: VD
NAME: BUESCHER, JOSEPHINE
STREET ADDRESS: P.O. BOX 160
CITY-ST-ZIP: BRIGHTWOOD OR 97011

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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:

Martha J. Pendleton
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha J. Pendleton: 1/9/2000

Date

Daytime Phone #

941-936-6418

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90126 042 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1806690

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

CR2E034 (9/99)