

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91517 013 ***150.00

DOCUMENT # F000000002231 ✓
1. Entity Name
CAMP INVESTMENTS (GP), INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1053 WILLINGHAM DR</u> Suite, Apt. #, etc.	3. Mailing Address <u>1053 WILLINGHAM DR</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>ATLANTA, GA</u>	City & State <u>ATLANTA, GA</u>	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <u>30344</u>	Country <u>USA</u>	Zip <u>30344</u>	Country <u>USA</u>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name CORP DIRECT AGENTS
Street Address (P.O. Box Number is Not Acceptable)
103 NORTH MERIDIAN STREET
LOWER LEVEL
City TALLAHASSEE FL Zip Code 32301

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PCD</u> <u>LOVELL E. CAMP</u> <u>244 FAIRVIEW ROAD</u> <u>BROOKS GA 30205</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STD</u> <u>MARY L. CAMP</u> <u>244 FAIRVIEW ROAD</u> <u>BROOKS, GA 30205</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.12.02 404-214-4800
Date Daytime Phone #