

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED

02 OCT 10 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
THE CAMELOT GROUP INC.

Principal Place of Business

Mailing Address

2455 E SUNRISE BLVD

2455 E SUNRISE BLVD

703
FORT LAUDERDALE FL 33304
US

703
FORT LAUDERDALE FL 33304
US

2. Principal Place of Business

3. Mailing Address

2455 E Sunrise Blvd

2455 E. Sunrise Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

600

600

City & State

City & State

Ft. LAUDERDALE, FL

Ft. Lauderdale FL

Zip

Country

Zip

Country

33304

US

33304

US

6. Name and Address of Current Registered Agent

4. FEI Number 76-0382312

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PC	MCCLURE, RANDY L	2650 PINWOOD DR.	DUNEDIN FL 34698	<input type="checkbox"/>
VP	DATIL, MARIE	2130 NE 34TH ST	LIGHTHOUSE PT FL 33064	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02 954-563-9669

CFR2E034 (4/02)