


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-13-2003 90083 012 ***150.00

DOCUMENT # H24762			
1. Entity Name GET-AWAY CAMPERS, INC.			
Principal Place of Business 6800 66TH STREET PINELLAS PARK FL 33781		Mailing Address 6800 66TH STREET PINELLAS PARK FL 33781	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3037619		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent LEGROS, JOHN C 8226 36TH AVE N ST. PETERSBURG FL 33710		7. Name and Address of New Registered Agent	
Name		<i>Elizabeth Legros</i>	
Street Address (P.O. Box Number is not acceptable)		<i>2310 68th St W</i>	
City		<i>Palmato</i>	
State		FL	
Zip Code		<i>34221</i>	
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 <i>Elizabeth Legros</i>		Signature and title of registered agent and title if applicable. <i>Elizabeth Legros President</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <i>1/28/03</i>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGROS, JOHN C.	NAME	
STREET ADDRESS	8226 36TH AVE N	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	CITY-ST-ZIP	
TITLE	VP P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGROS, ELIZABETH A.	NAME	
STREET ADDRESS	8226 36TH AVE N	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	CITY-ST-ZIP	
TITLE	<i>Debra Guy V.P</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>299 69th St N</i>	NAME	
STREET ADDRESS	<i>Clw. Fla 133766</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Elizabeth Legros* **Elizabeth Legros** *727-544-4562*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR29024 (1/0/03)