

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0243338 AV

04-11-2002 90714 049 \*\*\*158.75

**DOCUMENT # K04268**

1. Entity Name  
**CAMP HILLS CORP., INC.**

Principal Place of Business 1177 KANE CONCOURSE BAY HARBOR FL 33154	Mailing Address 1177 KANE CONCOURSE BAY HARBOR FL 33154
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0059627</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>TAPLIN, MARTIN W</b> <b>1177 KANE CONCOURSE</b> <b>SUITE 201</b> <b>BAY HARBOR FL 33154</b>				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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAPLIN, MARTIN W.</b>	NAME		NAME	
STREET ADDRESS	<b>1177 KANE CONCOURSE, SUITE 201</b>	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

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: **4/4/02** **305-865-5760**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)