

2001 UNIFORM BUSINESS REPORT (UBR)

0026957 AF

DOCUMENT # M00000001258	
1. Entity Name CAMP SYSTEMS INTERNATIONAL, LLC	
Principal Place of Business 999 MARCONI AVENUE RONKONKOMA NY 11779	Mailing Address 999 MARCONI AVENUE RONKONKOMA NY 11779
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
01 MAY 14 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 91-1864902		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE CEO, MEMBER : MANAGER <input type="checkbox"/> Delete	NAME TODD HAMILTON	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 999 Marconi Avenue	CITY-ST-ZIP Ronkonkoma, NY 11779	NAME	
TITLE		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X **SIGNATURE REQUIRED** **5/7/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)