

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005939

FILED  
May 01, 2003  
Secretary of State

Entity Name: CAMP CHANCE, INC.

## Current Principal Place of Business:

700 PARK AVE  
TITUSVILLE, FL 32780

## New Principal Place of Business:

## Current Mailing Address:

700 PARK AVE  
TITUSVILLE, FL 32780

## New Mailing Address:

FEI Number: 31-1802624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWELL, ED  
1795 COGSWELL STREET  
ROCKLEDGE, FL 32955 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: KREUZKAMP, STEVEN E  
Address: 340 TUSCANY WAY, APT. 204  
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete  
Name: HIBBS, PAM  
Address: 700 PARK AVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: PD ( ) Delete  
Name: NEWELL, EDWARD G  
Address: 1795 LOGSWELL ST.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD ( ) Delete  
Name: MEAGHER, RICHARD J  
Address: 455 EAST CRISAFULLI ROAD  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD ( ) Delete  
Name: RING, PAUL A  
Address: 6087 ELGIN ROAD  
City-St-Zip: COCOA, FL 32927

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: NEWELL, EDWARD G  
Address: 1795 COGSWELL ST.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD G. NEWELL

PD

05/01/2003

Electronic Signature of Signing Officer or Director

Date