

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90004 029 ***150.00

DOCUMENT # P00000001365

1. Entity Name
CAMPMATES.COM, INC.

Principal Place of Business
3650 NORTH FEDERAL HWY STE 201
POMPANO BEACH FL 33064

Mailing Address
3650 NORTH FEDERAL HWY STE 201
POMPANO BEACH FL 33064

A0077272



DO NOT WRITE IN THIS SPACE

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

65-0978069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIMMEL, SCOTT T
3650 NORTH FEDERAL HWY STE 201
POMPANO BEACH FL 33064

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

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 12, 2001 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 **D** ☐ Delete
 NAME **KIMMEL, SCOTT T**
 STREET ADDRESS **3650 NORTH FEDERAL HWY STE 201**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/01 954-284-1744
 Date Daytime Phone #

CR2E034 (5/01)

SCOTT T. KIMMEL, P.A.

Attorney at Law

Venetian Isles Office Building
3650 North Federal Highway
Suite 201

Pompano Beach, Florida 33064

TEL: (954) 784-1744

FAX: (954) 784-9005

ADMITTED: FLORIDA AND NEW JERSEY BAR

July 9, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Campmates.Com
FEI No.: 65-0978069

Dear Sir/Madam:

My office receive the UBR in my office the first week of July.

This is the first time that I have received this report in order to pay the annual filing fee for the above referenced business.

Please make note that last year I forwarded correspondence to you advising you of this matter.

My office is not receiving the UBR notices that your offices send between January 1 and May 1.

Therefore, I am enclosing herewith my check in the amount of \$150.00 for the filing fee on the above referenced matter.

Any questions, please do not hesitate to contact the office.

Sincerely,


SCOTT T. KIMMEL