

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90613 031 ***150.00

DOCUMENT # P00000053258

1. Entity Name

CAMPUS CANVAS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5295 Town Center Road

Suite, Apt. #, etc.

Third Floor

City & State

Boca Raton, Florida

Zip
33486

Country
USA

3. Mailing Address

5295 Town Center Road

Suite, Apt. #, etc.

Third Floor

City & State

Boca Raton, Florida

Zip
33486

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1009342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Scholl, Harvey

Street Address (P.O. Box Number is Not Acceptable)

5295 Town Center Road

Third Floor

City

Boca Raton

FL

Zip Code
33486

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

**9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$50.00
After May 1 Fee is \$550.00
Amended UBR is \$84.00
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

TITLE
NAME
P/D
Scholl, Max
STREET ADDRESS
5295 Town Center Rd., 3 Floor
CITY - ST - ZIP
Boca Raton, Florida 33486

TITLE
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STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)