

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064484

1. Entity Name

BIBLE CAMP ENTERPRISES INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90016 007 ***158.75

0072657

Principal Place of Business

1738 WOOD VIOLET DR
ORLANDO FL 32824

Mailing Address

1738 WOOD VIOLET DR
ORLANDO FL 32824

928094



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1738 WOODVIOLET DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

ORLANDO FLORIDA

Suite, Apt. #, etc.

.

City & State

City & State

.

4. FEI Number

22-3739991

Applied For

Not Applicable

Zip

32824

Country

ORANGE

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGH, RAMLAKHAN
1738 WOOD VIOLET DR
ORLANDO FL 32824

7. Name and Address of New Registered Agent

Name

SAME AS CURRENT.

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
NAME D
STREET ADDRESS SINGH, RAMLAKHAN
CITY-ST-ZIP 1738 WOOD VIOLET DR
ORLANDO FL 32824

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ramlakhan Singh
RAMLAKHAN SINGH

PRES.

3/6/01.

Date

Daytime Phone #

CR2E034 (10/00)