

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068166

1. Entity Name
CAMTECH COMPONENTS, INC.

Principal Place of Business

1101 S MIRAMAR AVE #308
INDIALANTIC FL 32903

Mailing Address

1101 S MIRAMAR AVE #308
INDIALANTIC FL 32903

2. Principal Place of Business

1101 S. MIRAMAR AVE.

3. Mailing Address

PO BOX 127

Suite, Apt. #, etc.

#308

Suite, Apt. #, etc.

City & State
INDIALANTIC, FL

City & State
MIDDLESEX, NJ

Zip
32903

Country
USA

Zip
08846

Country
USA

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVENUE SUITE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
JOHN J. DENNEY

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

1101 S. MIRAMAR AVE., #308

City
INDIALANTIC

FL

Zip Code
32903

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
D
NAME
DENNEY, JOHN J
STREET ADDRESS
1101 S MIRAMAR AVE #308
CITY-ST-ZIP
INDIALANTIC FL 32903

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PRESIDENT
NAME
DENNEY, JOHN J.
STREET ADDRESS
1101 S. MIRAMAR AVE., #308
CITY-ST-ZIP
INDIALANTIC, FL 32903

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

4/27/01

321-953-5947

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)