

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90001 007 ***150.00

DOCUMENT # P00000068166

1. Entity Name
CAMTECH COMPONENTS, INC.

Principal Place of Business Mailing Address
1101 S MIRAMAR AVE #308 **1101 S MIRAMAR AVE #308**
INDIALANTIC FL 32903 **INDIALANTIC FL 32903**

2. Principal Place of Business 3. Mailing Address
1101 S. MIRAMAR AVE. **PO BOX 127**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#308

City & State City & State 4. FEI Number Applied For
INDIALANTIC, FL **MIDDLESEX, NJ** **59-3661390** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32903 **USA** **09846** **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
FLORIDA INCORPORATORS, INC. Name **JOHN J. DENNEY**
1221 BRICKELL AVENUE SUITE 900 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33131 **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]* **JOHN J. DENNEY** DATE **4/27/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DENNEY, JOHN J 1101 S MIRAMAR AVE #308 INDIALANTIC FL 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DENNEY, JOHN J. 1101 S. MIRAMAR AVE. #308 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **PRES.** DATE: **4/27/01** DAYTIME PHONE: **321-953-5947**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE